

1 all my questions.

2 THE WITNESS: Yes, sir. Your turn.

3 EXAMINATION

4 BY MR. DUNN:

5 Q Trooper Atkins, in investigating the
6 accident, you determined that a tractor was towing another
7 tractor, correct?

8 A Yes, sir.

9 Q And one of the tractors was owned by SMC
10 Transport LLC, correct?

11 A Yes, sir.

12 Q And the other tractor, the one that was
13 being towed, was owned by Salinas Express, correct?

14 A Yes, sir.

15 Q And you said that you got a personal note
16 or a personal message to give somebody a call about three
17 or four days later?

18 A Approximately three or four days later,
19 yes, sir.

20 Q What do you mean by a personal message?

21 A Whenever someone wants to speak with me,
22 they call our dispatch and say, "I need to speak with
23 Trooper Atkins." They give me or dispatch their number.
24 And I -- when I mark on duty the next day or whatever day

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1 it was, I get a direct message to my terminal saying, "You
2 need to call this person" with the name and phone number.

3 Q Is that direct message something you see
4 electronically on a screen?

5 A Yes, sir.

6 Q Is that direct message kept anywhere,
7 stored anywhere?

8 A I believe so.

9 Q As far as you know, it's still somewhere
10 that can be accessed?

11 A Should be, yes, sir.

12 Q Have you accessed or retrieved that
13 direct message you just talked about, a copy of it?

14 A That day of? I had it and I have not
15 looked at it since I called her.

16 Q Do you still have it?

17 A No, I don't. I can look it up probably.
18 I don't know. I can call dispatch and see if they can
19 look it up.

20 Q But as far as what you have right now in
21 your possession, you don't have that direct message either
22 electronically or in paper form?

23 A No, sir, I do not.

24 Q So the direct message you are talking

1 about right now is from your memory?

2 A And me making a phone call, yes.

3 Q And making a phone call?

4 A Which, I guess, is memory.

5 Q The direct message, did it have a phone
6 number to call?

7 A Yes, sir.

8 Q Do you recall that phone number?

9 A No, sir.

10 Q How about the area code, do you recall
11 the area code?

12 A No, sir.

13 Q And did that direct message have a name
14 on it for you to call?

15 A I believe so. I do not recall that.

16 Q All right. When you dialed that number,
17 did you ever get a name of a person that you were talking
18 to?

19 A I believe so. I just don't recall it.

20 Q And I understand somebody asked you. You
21 didn't take down any notes of your conversation, did you?

22 A No, sir.

23 Q You mentioned something about somebody
24 being a regular driver. Is it possible that it could have

1 been a Salinas -- reference to a Salinas Express Company
2 as opposed to SMC Transport?

3 A I believe she said Martinez.

4 Q Said Martinez?

5 A Yes. Yes, sir.

6 Q Right. But is it possible that she was
7 referring to Salinas Express rather than SMC Transport?

8 A It's possible.

9 Q So as you sit here today, you're not sure
10 whether it was SMC Transport she was referring to or
11 Salinas Express?

12 A All right. Actually, go back.

13 Q Okay.

14 A She said that she is the owner of SMC and
15 Mr. Martinez is a daily driver for SMC.

16 Q For SMC?

17 A SMC.

18 Q My question was --

19 A Yes, so it's SMC. I guess no possibility
20 that it was for Salinas.

21 Q Okay. And when you talked to this lady,
22 she said that Mr. Martinez, Jr., had no permission to
23 drive this particular tractor, correct?

24 A On that day.

1 Q On that day?

2 A Yeah.

3 Q Did she qualify and say "that day" or
4 she -- did she say --

5 A She said at the time of the crash that he
6 wasn't supposed to be driving the vehicle.

7 Q Okay.

8 A And then -- sorry.

9 Q Now, as far as whether he had permission
10 to drive or not, that's all you recall her telling you; is
11 that right?

12 A And the fact that they didn't have
13 insurance on the truck.

14 Q Do you know if there is an audio
15 recording of that conversation?

16 A There is not.

17 Q And you said that lady said she was the
18 owner of SMC Transport?

19 A I believe so. Owner/representative with
20 SMC.

21 Q Well, as you sit here today, you are not
22 sure the lady that answered the phone call that you made,
23 the lady that answered, you are not sure whether she said
24 she was owner or some type of representative?

1 A She was a representative.

2 Q Okay.

3 A I'm not for certain if she was an owner
4 or what.

5 Q Okay. So you can't go beyond that she
6 was a representative. You can't get any more detail than
7 that, correct?

8 A No, sir.

9 Q You agree with me?

10 A Yes, sir.

11 Q You said you made the call from your area
12 headquarters?

13 A Area 39 office, yes, sir.

14 Q So it was on a phone that is in the name
15 of the area headquarters there?

16 A Yes, sir.

17 Q When you made that call, is there a
18 caller ID screen that you can see?

19 A I don't believe so. I have only been
20 called my cell phone from that number before, and it just
21 has the number. It doesn't have -- so I don't know how it
22 is on a house number.

23 Q Do you know if those particular phone
24 calls are kept -- recorded somewhere, like the phone --

1 the actual number that's been called or dialed?

2 A I'm not sure.

3 Q Do you know how long that conversation
4 lasted that you had with that lady?

5 A No, sir. Approximately -- if I had to
6 guess, it would be five minutes, four minutes.

7 Q Did you have any conversation with
8 anybody else who said they were associated in any way with
9 SMC Transport?

10 A No, sir.

11 Q Do you know whether Israel Martinez ever
12 said he was driving for anybody, any particular company or
13 not, in your investigation?

14 A No, sir.

15 Q Do you know whether, in your
16 investigation, whether it was Israel Martinez, Jr., said
17 whether or not he had permission or not to drive that
18 tractor?

19 A No, sir.

20 MR. DUNN: All right. Thanks for your
21 time.

22 THE WITNESS: Yes, sir.

23 MR. FRANKL: I just have a couple of
24 follow-ups.

1 THE WITNESS: Yes, sir.

2 EXAMINATION

3 BY MR. FRANKL:

4 Q If your disk is full in your car, does it
5 automatically shut off?

6 A It ends on that disk.

7 Q Okay. But -- you have to then physically
8 put in another disk?

9 A The way it works is if the -- say that
10 the -- my disk only allows like three hours, I think.
11 With it being two hours, it gets to the end of that disk,
12 it keeps recording. But when I eject it, it stops right
13 there on that disk of where it got full at. And then on
14 the other disk, it will have the little ending of it. So
15 there's a possibility of the remaining part that I spoke
16 to Mr. Martinez.

17 Q May be on another disk?

18 A Yes.

19 Q Will you agree to check to see if the
20 remaining --

21 A If I -- if it's still available -- if
22 that disk is still available from six months ago.

23 Q But if you can find it, you will take a
24 look for it?

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1 A Yes.

2 Q And will you also try to take a look for
3 whatever --

4 A Phone number?

5 Q -- dispatch message they gave you?

6 A I'm going to go out to my car and do it.

7 Q Will you agree to call me --

8 A Of course.

9 Q -- call me and let me know?

10 A Yes.

11 Q You have got my phone number?

12 A I believe so. I put it in my phone last
13 time.

14 Q And I will let everybody know as soon as
15 he calls.

16 You indicated in answer to one of
17 Johneal's questions, she asked was the SMC tractor
18 blocking at least the whole right-hand lane. And you said
19 "yes." Do you have any knowledge of how far the SMC
20 tractor was into the travel portions of the right-hand
21 lane of Interstate 81?

22 A I do not know for certain.

23 Q Okay. And there's a conversation on your
24 audio with Flowers where you say, "Should I write this up

1 as one accident or two accidents?" And he said, "You
2 could make the decision to write it up as one or two based
3 on the timing of the accidents." And you basically chose
4 to write it up as one?

5 A Yes, sir.

6 Q And, in fact, none of the four witness
7 statements say anything about the SMC tractor blocking or
8 being out onto Interstate 81 travel lanes, do they?

9 A Witnesses, no. From the three women --
10 the four women, no.

11 Q Right, from the four women.

12 And then were you -- when you said this
13 is at least on the video, "This is your logbook; I don't
14 need to see that," is that when you were having that
15 discussion next to the SMC truck?

16 MR. DUNN: I will object to the form of
17 the question.

18 Go ahead and answer.

19 THE WITNESS: No, that was in my car.

20 BY MR. FRANKL:

21 Q Okay. That was in your car?

22 A I believe so.

23 Q Okay. Was this conversation you had
24 outside the SMC tractor that you made reference to

1 earlier, to your knowledge, is that recorded on the disc?

2 A Yes, that was, I believe, when I was
3 looking at his truck to see the damage.

4 Q You think that's on there?

5 A I believe so.

6 Q And who were you talking to when that
7 took place?

8 A Martinez.

9 Q Was there anyone else around?

10 A I believe Trooper Flowers.

11 MR. FRANKL: That's all I have.

12 Trooper, you have the right to read and
13 sign this deposition to make sure that the court
14 reporter took down everything you said, or you
15 can waive that right and allow the court
16 reporter to sign for you.

17 THE WITNESS: Do you think you got
18 everything? Yeah, that's fine.

19 (The deposition concluded at 3:13 p.m.)
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C E R T I F I C A T E

COMMONWEALTH OF VIRGINIA

CITY OF ROANOKE

I, MARY J. BUTENSCHOEN, RPR, Notary Public in and for the Commonwealth of Virginia, at Large, do hereby certify that the deposition of MICHAEL T. ATKINS was by me reduced to machine shorthand in the presence of the witness, afterwards transcribed by me by means of computer, and that to the best of my ability the foregoing is a true and correct transcript of the deposition so given as aforesaid.

I further certify that this deposition was taken at the time and place specified in the foregoing caption.

I further certify that I am not a relative, counsel or attorney for either party, or otherwise interested in the outcome of this action.

IN WITNESS WHEREOF, I have hereunto set my hand at Roanoke, Virginia, on the 29th day of April 2016.

MARY J. BUTENSCHOEN, RPR
NOTARY PUBLIC

My Commission expires May 31, 2016
Notary Registration Number 228402

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< Z >

Zampini 58:4

Revised Report ☐

Police Crash Report



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| | | | | | |
|--|--------------------|--|---------------------------------|--------------------------------|----------------------|
| CRASH | | GPS Lat. 3 7 1 4 6 9 4 5 0 | | GPS Long. - 7 9 8 1 0 6 1 5 | |
| Crash Date 10/26/2015 | Day of Week Monday | MILITARY Time (24 hr clock) 05:15 | County of Crash BOTETOUR COUNTY | | Official DMV Use |
| City or Town Name | | Landmarks at Scene | | 153055221 | |
| Location of Crash (route/street) INTERSTATE 81 | | Railroad Crossing ID no. (if within 150 ft.) | | Local Case Number DIV615129246 | |
| At Intersection With 0.8C Miles <input checked="" type="checkbox"/> Feet <input type="checkbox"/> of ROUTE 606 | | Location of Crash (route/street) | | Mile Marker Number 1 5 8 1 0 | Number of Vehicles 3 |

| | |
|---|--|
| VEHICLE # 1 | |
| DRIVER | |
| Driver's Name (Last, First, Middle) MARTINEZ JR, ISRAEL | |
| Address (Street and Number) Confidential | |
| City Confidential | State Confidential ZIP Confidential |
| Birth Date Confidential | Drivers License Number Confidential |
| Safety Equip. Used 3 | Air Bag 2 Ejected 1 Date of Death MM DD YYYY 6 |
| Summons Issued As Result of Crash 1 | Offenses Charged to Driver 46.2-852 |

| | |
|--|--|
| VEHICLE | |
| Vehicle Owner's Name (Last, First, Middle) SMC, TRANSPORT, LLC | |
| Address (Street and Number) Confidential | |
| City Confidential | State Confidential ZIP Confidential |
| Vehicle Year 2003 | Vehicle Make FREIGHTLIN Vehicle Model COLUMBIA |
| Vehicle Plate Number R199631 | State TX |
| VIN 1FUJA6CG63LL12106 | Approximate Repair Cost 2000 |
| Name of Insurance Company (not agent) UNITED SPECIALTY | Override Underride |
| Speed Before Crash 5 | Speed Limit 70 |
| Maximum Safe Speed 0 | Under 8 0 |
| ALL Passengers Age Count 8-17 0 | Over 21 0 |

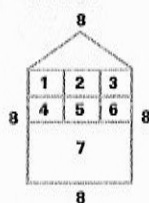
| | |
|--|-------------------|
| PASSENGER (only if injured or killed) | |
| Name of Injured (Last, First, Middle) | |
| Position In/On Vehicle | Safety Equip Used |
| Airbag Ejected | Injury Type |
| Birthdate | Gender |
| Date of Death MM DD YY | |

| | |
|--|--|
| VEHICLE # 2 | |
| DRIVER | |
| Driver's Name (Last, First, Middle) LESTER, BRANDON, CLARK | |
| Address (Street and Number) Confidential | |
| City Confidential | State Confidential ZIP Confidential |
| Birth Date Confidential | Drivers License Number Confidential |
| Safety Equip. Used 8 | Air Bag 2 Ejected 3 Date of Death MM DD YYYY 2 |
| Summons Issued As Result of Crash 2 | Offenses Charged to Driver |

| | |
|---|--|
| VEHICLE | |
| Vehicle Owner's Name (Last, First, Middle) LESTER, BRANDON, CLARK | |
| Address (Street and Number) Confidential | |
| City Confidential | State Confidential ZIP Confidential |
| Vehicle Year 1995 | Vehicle Make TOYOTA Vehicle Model TACOMA |
| Vehicle Plate Number VGA 1541 | State VA |
| VIN 4TAUN61C9SZ035791 | Approximate Repair Cost 5000 |
| Name of Insurance Company (not agent) GEICO | Override Underride |
| Speed Before Crash 70 | Speed Limit 70 |
| Maximum Safe Speed 70 | Under 8 0 |
| ALL Passengers Age Count 8-17 0 | Over 21 0 |

| | |
|--|-------------------|
| PASSENGER (only if injured or killed) | |
| Name of Injured (Last, First, Middle) | |
| Position In/On Vehicle | Safety Equip Used |
| Airbag Ejected | Injury Type |
| Birthdate | Gender |
| Date of Death MM DD YY | |

Codes



POSITION IN/ON VEHICLE

- Driver
- 2-6. Passengers
- Cargo Area
- Riding/Hanging On Outside
- 9-98. All Other Passengers

SAFETY EQUIPMENT USED

- Lap Belt Only
- Shoulder Belt Only
- Lap and Shoulder Belt
- Child Restraint
- Helmet
- Other
- Booster Seat
- No Restraint Used
- Not Applicable

AIRBAG

- Deployed - Front
- Not Deployed
- Unavailable/Not Applicable
- Keyed Off
- Unknown
- Deployed - Side
- Deployed - Other (Knee, Air Belt, etc.)
- Deployed - Combination

EJECTED FROM VEHICLE

- Not Ejected
- Partially Ejected
- Totally Ejected

SUMMONS ISSUED AS A RESULT OF CRASH

- Yes
- No
- Pending

INJURY TYPE

- Dead
- Serious Injury
- Minor/Possible Injury
- No Apparent Injury
- No Injury (driver only)

EXHIBIT
TPR ATKINS #1

| | | | | |
|--------------------------------------|------------------------|---|----------------------------------|-----------------------------|
| Investigating Officer MICHAEL ATKINS | Badge/Code Number 8363 | Agency/Department Name and Code VIRGINIA STATE POLICE | Reviewing Officer Timothy Knight | Report File Date 10/26/2015 |
|--------------------------------------|------------------------|---|----------------------------------|-----------------------------|

Revised Report ☐

Police Crash Report



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| | | | | | |
|---|--------------------|--|---------------------------------|--------------------------------|----------------------|
| CRASH | | GPS Lat. 3 7 1 4 6 9 4 5 0 | | GPS Long. - 7 9 8 1 0 6 1 5 | |
| Crash Date 10/26/2015 | Day of Week Monday | MILITARY Time (24 hr clock) 05:15 | County of Crash BOTETOUR COUNTY | | Official DMV Use |
| City or Town of | | Landmarks at Scene | | 153055221 | |
| Location of Crash (route/street) INTERSTATE 81 | | Railroad Crossing ID no. (if within 150 ft.) | | Local Case Number DIV615129246 | |
| At Intersection With 0.8C Miles <input checked="" type="checkbox"/> Feet <input type="checkbox"/> | | Location of Crash (route/street) ROUTE 606 | | Mile Marker Number 1 5 8 1 0 3 | Number of Vehicles 3 |

| | | | |
|---|--|--|--|
| VEHICLE # 3 | | DRIVER | |
| Driver's Name (Last, First, Middle) SHIFFLETT, ANTHONY, RAY | | Driver Fled Scene <input type="radio"/> | |
| Address (Street and Number) Confidential | | Gender <input checked="" type="radio"/> M <input type="radio"/> F | |
| City Confidential | | State Confidential | |
| Birth Date Confidential | | Drivers License Number Confidential | |
| Safety Equip. Used 3 | | Air Bag 2 Ejected 1 Date of Death MM DD YYYY | |
| Summons Issued As Result of Crash 2 | | Injury Type 2 EMS Transport <input checked="" type="radio"/> Y <input type="radio"/> N | |

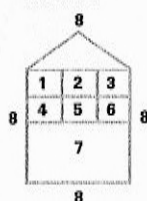
| | | | |
|--|----------------|---|---|
| VEHICLE | | Vehicle Owner's Name (Last, First, Middle) CT, WWM, INC | |
| Address (Street and Number) Confidential | | Same as Driver <input type="radio"/> | |
| City Confidential | | State Confidential | |
| Vehicle Year 2007 | | Vehicle Make HINO | |
| Vehicle Model 165 | | Disabled <input checked="" type="radio"/> CMV <input checked="" type="radio"/> Towed <input checked="" type="radio"/> | |
| Vehicle Plate Number TX157469 | | State VA | |
| VIN 5PVNE8JV372S50623 | | Approximate Repair Cost 15000 | |
| Name of Insurance Company (not agent) FCCI INSURANCE | | Oversize <input type="radio"/> Cargo Spill <input type="radio"/> Override <input type="radio"/> Underride <input type="radio"/> | |
| Speed Before Crash 60 | Speed Limit 70 | Maximum Safe Speed 0 | Under 8 0 ALL Passengers Age Count 8-17 0 18-21 0 Over 21 0 |

| | | | |
|---------------------------------------|-------------|---|---|
| VEHICLE | | Vehicle Owner's Name (Last, First, Middle) | |
| Address (Street and Number) | | Same as Driver <input type="radio"/> | |
| City | | State | |
| Vehicle Year | | Vehicle Make | |
| Vehicle Model | | Disabled <input type="radio"/> CMV <input type="radio"/> Towed <input type="radio"/> | |
| Vehicle Plate Number | | State | |
| VIN | | Approximate Repair Cost | |
| Name of Insurance Company (not agent) | | Oversize <input type="radio"/> Cargo Spill <input type="radio"/> Override <input type="radio"/> Underride <input type="radio"/> | |
| Speed Before Crash | Speed Limit | Maximum Safe Speed | Under 8 ALL Passengers Age Count 8-17 18-21 Over 21 |

| | | | |
|--|--|---|--|
| PASSENGER (only if injured or killed) | | Name of Injured (Last, First, Middle) | |
| Position In/On Vehicle | | Safety Equip Used | |
| Airbag Ejected | | Injury Type | |
| Birthdate | | Gender | |
| Date of Death MM DD YY | | EMS Transport <input type="radio"/> Y <input type="radio"/> N | |

| | | | |
|--|--|---|--|
| PASSENGER (only if injured or killed) | | Name of Injured (Last, First, Middle) | |
| Position In/On Vehicle | | Safety Equip Used | |
| Airbag Ejected | | Injury Type | |
| Birthdate | | Gender | |
| Date of Death MM DD YY | | EMS Transport <input type="radio"/> Y <input type="radio"/> N | |

Codes



POSITION IN/ON VEHICLE

1. Driver
- 2-6. Passengers
7. Cargo Area
8. Riding/Hanging On Outside
- 9-98. All Other Passengers

SAFETY EQUIPMENT USED

1. Lap Belt Only
2. Shoulder Belt Only
3. Lap and Shoulder Belt
4. Child Restraint
5. Helmet
6. Other
7. Booster Seat
8. No Restraint Used
9. Not Applicable

AIRBAG

1. Deployed - Front
2. Not Deployed
3. Unavailable/Not Applicable
4. Keyed Off
5. Unknown
6. Deployed - Side
7. Deployed - Other (Knee, Air Belt, etc.)
8. Deployed - Combination

EJECTED FROM VEHICLE

1. Not Ejected
2. Partially Ejected
3. Totally Ejected

SUMMONS ISSUED AS A RESULT OF CRASH

1. Yes
2. No
3. Pending

INJURY TYPE

1. Dead
2. Serious Injury
3. Minor/Possible Injury
4. No Apparent Injury
6. No Injury (driver only)

| | | | | |
|--------------------------------------|------------------------|---|----------------------------------|-----------------------------|
| Investigating Officer MICHAEL ATKINS | Badge/Code Number 8863 | Agency/Department Name and Code VIRGINIA STATE POLICE | Reviewing Officer Timothy Knight | Report File Date 10/26/2015 |
|--------------------------------------|------------------------|---|----------------------------------|-----------------------------|

Police Crash Report

Revised Report ☐

| CRASH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---------------------|---|---|--|---|--|--|---|---|---|--|---|--|--|---|--|---|--|---|--|---------------------------------------|--|--|--|--|--|---|--|---|--|---|--|---|--|---|--|---|--|-------|--|-----------------------------|---|---|--|--|---|---------------------------------|--|---|--|--|--|---|--|-------------------------------------|---|------------------------------------|---|---|--|---|--|---|---|--|--|---|--|--|--|---|---|--|--|--|---|--|---|---|---|---|--|--|---|--|---|--|--|--|--|-------|-------|----------------------------|--------------------------|--|-------------------------------------|---|---------------------------------------|--|--|---|-----------------------------------|---|---|---|--|---|----------------------------------|---|--|--|--|--|--|-------------------------------------|--|--------------------------------------|--|--------------------------------------|--|---|--|---|--|---|--|
| Crash Date | MILITARY Time (24 hr clock) | County of Crash | Local Case Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10/26/2015 | 05:15 | BOTETOURT COUNTY | DIV615129246 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRIVER INFORMATION | | VEHICLE INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Veh 1</th><th>Veh 2</th></tr></thead><tbody><tr><td>Driver's Action P1</td><td>Driver Vision Obscured P3</td></tr><tr><td><input type="checkbox"/> 1. No Improper Action</td><td><input checked="" type="checkbox"/> 1. Not Obscured</td></tr><tr><td><input type="checkbox"/> 2. Exceeded Speed Limit</td><td><input type="checkbox"/> 2. Rain, Snow, etc. on Windshield</td></tr><tr><td><input type="checkbox"/> 3. Exceeded Safe Speed But Not Speed Limit</td><td><input type="checkbox"/> 3. Windshield Otherwise Obscured</td></tr><tr><td><input type="checkbox"/> 4. Overtaking On Hill</td><td><input type="checkbox"/> 4. Vision Obscured by Load on Vehicle</td></tr><tr><td><input type="checkbox"/> 5. Overtaking On Curve</td><td><input type="checkbox"/> 5. Trees, Crops, etc.</td></tr><tr><td><input type="checkbox"/> 6. Overtaking at Intersection</td><td><input type="checkbox"/> 6. Building</td></tr><tr><td><input type="checkbox"/> 7. Improper Passing of School Bus</td><td><input type="checkbox"/> 7. Embankment</td></tr><tr><td><input type="checkbox"/> 8. Cutting In</td><td><input type="checkbox"/> 8. Sign or Signboard</td></tr><tr><td><input type="checkbox"/> 9. Other Improper Passing</td><td><input type="checkbox"/> 9. Hillcrest</td></tr><tr><td><input type="checkbox"/> 10. Wrong Side of Road - Not Overtaking</td><td><input type="checkbox"/> 10. Parked Vehicle(s)</td></tr><tr><td><input type="checkbox"/> 11. Did Not Have Right-of-Way</td><td><input type="checkbox"/> 11. Moving Vehicle(s)</td></tr><tr><td><input type="checkbox"/> 12. Following Too Close</td><td><input type="checkbox"/> 12. Sun or Headlight Glare</td></tr><tr><td><input type="checkbox"/> 13. Fail to Signal or Improper Signal</td><td><input type="checkbox"/> 13. Other</td></tr><tr><td><input type="checkbox"/> 14. Improper Turn - Wide Right Turn</td><td><input type="checkbox"/> 14. Blind Spot</td></tr><tr><td><input type="checkbox"/> 15. Improper Turn - Cut Corner on Left Turn</td><td><input type="checkbox"/> 15. Smoke/Dust</td></tr><tr><td><input type="checkbox"/> 16. Improper Turn From Wrong Lane</td><td><input type="checkbox"/> 16. Stopped Vehicle(s)</td></tr><tr><td><input type="checkbox"/> 17. Other Improper Turn</td><td></td></tr><tr><td><input type="checkbox"/> 18. Improper Backing</td><td></td></tr><tr><td><input type="checkbox"/> 19. Improper Start From Parked Position</td><td></td></tr><tr><td><input type="checkbox"/> 20. Disregarded Officer or Flagger</td><td></td></tr><tr><td><input type="checkbox"/> 21. Disregarded Traffic Signal</td><td></td></tr><tr><td><input type="checkbox"/> 22. Disregarded Stop or Yield Sign</td><td></td></tr><tr><td><input type="checkbox"/> 23. Driver Distraction</td><td></td></tr><tr><td><input type="checkbox"/> 24. Fail to Stop at Through Highway - No Sign</td><td></td></tr><tr><td><input type="checkbox"/> 25. Drive Through Work Zone</td><td></td></tr><tr><td><input type="checkbox"/> 26. Fail to Set Out Flares or Flags</td><td></td></tr><tr><td><input type="checkbox"/> 27. Fail to Dim Headlights</td><td></td></tr><tr><td><input type="checkbox"/> 28. Driving Without Lights</td><td></td></tr><tr><td><input type="checkbox"/> 29. Improper Parking Location</td><td></td></tr><tr><td><input type="checkbox"/> 30. Avoiding Pedestrian</td><td></td></tr><tr><td><input type="checkbox"/> 31. Avoiding Other Vehicle</td><td></td></tr><tr><td><input type="checkbox"/> 32. Avoiding Animal</td><td></td></tr><tr><td><input type="checkbox"/> 33. Crowded Off Highway</td><td></td></tr><tr><td><input type="checkbox"/> 34. Hit and Run</td><td></td></tr><tr><td><input type="checkbox"/> 35. Car Ran Away - No Driver</td><td></td></tr><tr><td><input type="checkbox"/> 36. Blinded by Headlights</td><td></td></tr><tr><td><input checked="" type="checkbox"/> 37. Other</td><td></td></tr><tr><td><input type="checkbox"/> 38. Avoiding Object in Roadway</td><td></td></tr><tr><td><input type="checkbox"/> 39. Eluding Police</td><td></td></tr><tr><td><input type="checkbox"/> 40. Fail to Maintain Proper Control</td><td></td></tr><tr><td><input type="checkbox"/> 41. Improper Passing</td><td></td></tr><tr><td><input type="checkbox"/> 42. Improper or Unsafe Lane Change</td><td></td></tr><tr><td><input type="checkbox"/> 43. Over Correction</td><td></td></tr></tbody></table> | Veh 1 | Veh 2 | Driver's Action P1 | Driver Vision Obscured P3 | <input type="checkbox"/> 1. No Improper Action | <input checked="" type="checkbox"/> 1. Not Obscured | <input type="checkbox"/> 2. Exceeded Speed Limit | <input type="checkbox"/> 2. Rain, Snow, etc. on Windshield | <input type="checkbox"/> 3. Exceeded Safe Speed But Not Speed Limit | <input type="checkbox"/> 3. Windshield Otherwise Obscured | <input type="checkbox"/> 4. Overtaking On Hill | <input type="checkbox"/> 4. 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Improper Turn - Wide Right Turn | <input type="checkbox"/> 14. Blind Spot | <input type="checkbox"/> 15. Improper Turn - Cut Corner on Left Turn | <input type="checkbox"/> 15. Smoke/Dust | <input type="checkbox"/> 16. Improper Turn From Wrong Lane | <input type="checkbox"/> 16. Stopped Vehicle(s) | <input type="checkbox"/> 17. Other Improper Turn | | <input type="checkbox"/> 18. Improper Backing | | <input type="checkbox"/> 19. Improper Start From Parked Position | | <input type="checkbox"/> 20. Disregarded Officer or Flagger | | <input type="checkbox"/> 21. Disregarded Traffic Signal | | <input type="checkbox"/> 22. Disregarded Stop or Yield Sign | | <input type="checkbox"/> 23. Driver Distraction | | <input type="checkbox"/> 24. Fail to Stop at Through Highway - No Sign | | <input type="checkbox"/> 25. Drive Through Work Zone | | <input type="checkbox"/> 26. Fail to Set Out Flares or Flags | | <input type="checkbox"/> 27. Fail to Dim Headlights | | <input type="checkbox"/> 28. Driving Without Lights | | <input type="checkbox"/> 29. Improper Parking Location | | <input type="checkbox"/> 30. Avoiding Pedestrian | | <input type="checkbox"/> 31. Avoiding Other Vehicle | | <input type="checkbox"/> 32. Avoiding Animal | | <input type="checkbox"/> 33. Crowded Off Highway | | <input type="checkbox"/> 34. Hit and Run | | <input type="checkbox"/> 35. Car Ran Away - No Driver | | <input type="checkbox"/> 36. Blinded by Headlights | | <input checked="" type="checkbox"/> 37. Other | | <input type="checkbox"/> 38. Avoiding Object in Roadway | | <input type="checkbox"/> 39. Eluding Police | | <input type="checkbox"/> 40. Fail to Maintain Proper Control | | <input type="checkbox"/> 41. Improper Passing | | <input type="checkbox"/> 42. Improper or Unsafe Lane Change | | <input type="checkbox"/> 43. Over Correction | | <table border="1"><thead><tr><th>Veh 1</th><th>Veh 2</th></tr></thead><tbody><tr><td>Vehicle Maneuver V1</td><td>Vehicle Damage V4</td></tr><tr><td><input type="checkbox"/> 1. Going Straight Ahead</td><td><input type="checkbox"/> 1. Unknown</td></tr><tr><td><input type="checkbox"/> 2. Making Right Turn</td><td><input type="checkbox"/> 2. No damage</td></tr><tr><td><input type="checkbox"/> 3. Making Left Turn</td><td><input type="checkbox"/> 3. Overturned</td></tr><tr><td><input type="checkbox"/> 4. Making U-Turn</td><td><input type="checkbox"/> 4. Motor</td></tr><tr><td><input type="checkbox"/> 5. Slowing or Stopping</td><td><input type="checkbox"/> 5. Undercarriage</td></tr><tr><td><input type="checkbox"/> 6. Merging Into Traffic Lane</td><td><input checked="" type="checkbox"/> 6. Totaled</td></tr><tr><td><input type="checkbox"/> 7. Starting From Parked Position</td><td><input type="checkbox"/> 7. Fire</td></tr><tr><td><input type="checkbox"/> 8. Stopped in Traffic Lane</td><td><input checked="" type="checkbox"/> 8. Other</td></tr><tr><td><input type="checkbox"/> 9. Ran Off Road - Right</td><td></td></tr><tr><td><input type="checkbox"/> 10. Ran Off Road - Left</td><td></td></tr><tr><td><input type="checkbox"/> 11. Parked</td><td></td></tr><tr><td><input type="checkbox"/> 12. Backing</td><td></td></tr><tr><td><input type="checkbox"/> 13. Passing</td><td></td></tr><tr><td><input type="checkbox"/> 14. Changing Lanes</td><td></td></tr><tr><td><input checked="" type="checkbox"/> 15. Other</td><td></td></tr><tr><td><input type="checkbox"/> 16. Entering Street From Parking Lot</td><td></td></tr></tbody></table> | Veh 1 | Veh 2 | Vehicle Maneuver V1 | Vehicle Damage V4 | <input type="checkbox"/> 1. Going Straight Ahead | <input type="checkbox"/> 1. Unknown | <input type="checkbox"/> 2. Making Right Turn | <input type="checkbox"/> 2. No damage | <input type="checkbox"/> 3. Making Left Turn | <input type="checkbox"/> 3. Overturned | <input type="checkbox"/> 4. Making U-Turn | <input type="checkbox"/> 4. Motor | <input type="checkbox"/> 5. Slowing or Stopping | <input type="checkbox"/> 5. Undercarriage | <input type="checkbox"/> 6. Merging Into Traffic Lane | <input checked="" type="checkbox"/> 6. Totaled | <input type="checkbox"/> 7. Starting From Parked Position | <input type="checkbox"/> 7. Fire | <input type="checkbox"/> 8. Stopped in Traffic Lane | <input checked="" type="checkbox"/> 8. Other | <input type="checkbox"/> 9. Ran Off Road - Right | | <input type="checkbox"/> 10. Ran Off Road - Left | | <input type="checkbox"/> 11. Parked | | <input type="checkbox"/> 12. Backing | | <input type="checkbox"/> 13. Passing | | <input type="checkbox"/> 14. Changing Lanes | | <input checked="" type="checkbox"/> 15. Other | | <input type="checkbox"/> 16. Entering Street From Parking Lot | |
| Veh 1 | Veh 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver's Action P1 | Driver Vision Obscured P3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1. No Improper Action | <input checked="" type="checkbox"/> 1. Not Obscured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2. Exceeded Speed Limit | <input type="checkbox"/> 2. Rain, Snow, etc. on Windshield | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3. Exceeded Safe Speed But Not Speed Limit | <input type="checkbox"/> 3. Windshield Otherwise Obscured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 4. Overtaking On Hill | <input type="checkbox"/> 4. Vision Obscured by Load on Vehicle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 5. Overtaking On Curve | <input type="checkbox"/> 5. Trees, Crops, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 6. Overtaking at Intersection | <input type="checkbox"/> 6. Building | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 7. Improper Passing of School Bus | <input type="checkbox"/> 7. Embankment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 8. Cutting In | <input type="checkbox"/> 8. Sign or Signboard | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 9. Other Improper Passing | <input type="checkbox"/> 9. Hillcrest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 10. Wrong Side of Road - Not Overtaking | <input type="checkbox"/> 10. Parked Vehicle(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 11. Did Not Have Right-of-Way | <input type="checkbox"/> 11. Moving Vehicle(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 12. Following Too Close | <input type="checkbox"/> 12. Sun or Headlight Glare | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 13. Fail to Signal or Improper Signal | <input type="checkbox"/> 13. Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 14. Improper Turn - Wide Right Turn | <input type="checkbox"/> 14. Blind Spot | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 15. Improper Turn - Cut Corner on Left Turn | <input type="checkbox"/> 15. Smoke/Dust | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 16. Improper Turn From Wrong Lane | <input type="checkbox"/> 16. Stopped Vehicle(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 17. Other Improper Turn | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 18. Improper Backing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 19. Improper Start From Parked Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 20. Disregarded Officer or Flagger | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 21. Disregarded Traffic Signal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 22. Disregarded Stop or Yield Sign | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 23. Driver Distraction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 24. Fail to Stop at Through Highway - No Sign | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 25. Drive Through Work Zone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 26. Fail to Set Out Flares or Flags | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 27. Fail to Dim Headlights | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 28. Driving Without Lights | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 29. Improper Parking Location | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 30. Avoiding Pedestrian | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 31. Avoiding Other Vehicle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 32. Avoiding Animal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 33. Crowded Off Highway | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 34. Hit and Run | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 35. Car Ran Away - No Driver | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 36. Blinded by Headlights | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 37. Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 38. Avoiding Object in Roadway | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 39. Eluding Police | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 40. Fail to Maintain Proper Control | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 41. Improper Passing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 42. Improper or Unsafe Lane Change | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 43. Over Correction | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veh 1 | Veh 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle Maneuver V1 | Vehicle Damage V4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1. Going Straight Ahead | <input type="checkbox"/> 1. Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2. Making Right Turn | <input type="checkbox"/> 2. No damage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3. Making Left Turn | <input type="checkbox"/> 3. Overturned | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 4. Making U-Turn | <input type="checkbox"/> 4. Motor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 5. Slowing or Stopping | <input type="checkbox"/> 5. Undercarriage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 6. Merging Into Traffic Lane | <input checked="" type="checkbox"/> 6. Totaled | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 7. Starting From Parked Position | <input type="checkbox"/> 7. Fire | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 8. Stopped in Traffic Lane | <input checked="" type="checkbox"/> 8. Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 9. Ran Off Road - Right | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 10. Ran Off Road - Left | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 11. Parked | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 12. Backing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 13. Passing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 14. Changing Lanes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 15. Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 16. Entering Street From Parking Lot | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Veh 1</th><th>Veh 2</th></tr></thead><tbody><tr><td>Skidding Tire/Mark V2</td><td>Vehicle Condition V5</td></tr><tr><td><input type="checkbox"/> 1. Before Application of Brakes</td><td><input checked="" type="checkbox"/> 1. No Defects</td></tr><tr><td><input checked="" type="checkbox"/> 2. After Application of Brakes</td><td><input type="checkbox"/> 2. Lights Defective</td></tr><tr><td><input type="checkbox"/> 3. Before and After Application of Brakes</td><td><input type="checkbox"/> 3. Brakes Defective</td></tr><tr><td><input checked="" type="checkbox"/> 4. No Visible Skid Mark/Tire Mark</td><td><input type="checkbox"/> 4. Steering Defective</td></tr><tr><td></td><td><input type="checkbox"/> 5. Puncture/Blowout</td></tr><tr><td></td><td><input type="checkbox"/> 6. Worn or Slick Tires</td></tr><tr><td></td><td><input type="checkbox"/> 7. Motor Trouble</td></tr><tr><td></td><td><input type="checkbox"/> 8. 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| Skidding Tire/Mark V2 | Vehicle Condition V5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1. Before Application of Brakes | <input checked="" type="checkbox"/> 1. No Defects | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 2. After Application of Brakes | <input type="checkbox"/> 2. Lights Defective | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3. Before and After Application of Brakes | <input type="checkbox"/> 3. Brakes Defective | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 4. No Visible Skid Mark/Tire Mark | <input type="checkbox"/> 4. Steering Defective | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 5. Puncture/Blowout | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 6. Worn or Slick Tires | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 7. Motor Trouble | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 8. Chains In Use | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 9. Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 10. Vehicle Altered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 11. Mirrors Defective | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 12. Power Train Defective | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 13. Suspension Defective | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 14. Windows/Windshield Defective | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 15. Wipers Defective | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 16. Wheels Defective | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> 17. Exhaust System | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veh 1 | Veh 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle Body Type V3 | Special Function Motor Vehicle V6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1. Passenger car | <input checked="" type="checkbox"/> 1. No Special Function | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 2. Truck - Pick-up/Passenger Truck | <input type="checkbox"/> 2. Taxi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3. Van | <input type="checkbox"/> 3. School Bus (Public or Private) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> 7. Motor Home, Recreational Vehicle | <input type="checkbox"/> 5. Intercity Bus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 8. Special Vehicle - Oversized Vehicle/Earthmover/Road Equipment | <input type="checkbox"/> 6. Charter Bus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 9. Bicycle | <input type="checkbox"/> 7. Other Bus | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 10. Moped | <input type="checkbox"/> 8. Military | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 11. Motorcycle | <input type="checkbox"/> 9. Police | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 12. Emergency Vehicle (Regardless of Vehicle Type) | <input type="checkbox"/> 10. Ambulance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 13. Bus - School Bus | <input type="checkbox"/> 11. Fire Truck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 14. Bus - City Transit Bus/Privately Owned Church Bus | <input type="checkbox"/> 12. Tow Truck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 15. Bus - Commercial Bus | <input type="checkbox"/> 13. Maintenance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 16. Other (Scooter, Go-cart, Hearse, Bookmobile, Golf Cart, etc.) | <input type="checkbox"/> 14. Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 18. Special Vehicle - Farm Machinery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 19. Special Vehicle - ATV | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 21. Special Vehicle - Low-Speed Vehicle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 22. Truck - Sport Utility Vehicle (SUV) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 23. Truck - Single Unit Truck (3 Axles or More) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 25. Truck - Truck Tractor (Bobtail-No Trailer) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Veh 1</th><th>Veh 2</th></tr></thead><tbody><tr><td>Condition of Driver Contributing to the Crash P2</td><td>Method of Alcohol Determination (by police) P6</td></tr><tr><td><input checked="" type="checkbox"/> 1. No Defects</td><td><input type="checkbox"/> 1. Blood</td></tr><tr><td><input type="checkbox"/> 2. Eyesight Defective</td><td><input type="checkbox"/> 2. Breath</td></tr><tr><td><input type="checkbox"/> 3. Hearing Defective</td><td><input type="checkbox"/> 3. Refused</td></tr><tr><td><input type="checkbox"/> 4. Other Body Defects</td><td><input type="checkbox"/> 4. No Test</td></tr><tr><td><input type="checkbox"/> 5. Illness</td><td></td></tr><tr><td><input type="checkbox"/> 6. Fatigued</td><td></td></tr><tr><td><input type="checkbox"/> 7. Apparently Asleep</td><td></td></tr><tr><td><input type="checkbox"/> 8. Other</td><td></td></tr><tr><td><input type="checkbox"/> 9. Unknown</td><td></td></tr></tbody></table> | Veh 1 | Veh 2 | Condition of Driver Contributing to the Crash P2 | Method of Alcohol Determination (by police) P6 | <input checked="" type="checkbox"/> 1. No Defects | <input type="checkbox"/> 1. Blood | <input type="checkbox"/> 2. Eyesight Defective | <input type="checkbox"/> 2. Breath | <input type="checkbox"/> 3. Hearing Defective | <input type="checkbox"/> 3. Refused | <input type="checkbox"/> 4. Other Body Defects | <input type="checkbox"/> 4. No Test | <input type="checkbox"/> 5. Illness | | <input type="checkbox"/> 6. Fatigued | | <input type="checkbox"/> 7. Apparently Asleep | | <input type="checkbox"/> 8. Other | | <input type="checkbox"/> 9. Unknown | | <table border="1"><thead><tr><th>Veh 1</th><th>Veh 2</th></tr></thead><tbody><tr><td>Drug Use P7</td><td>EMV in service V7</td></tr><tr><td><input type="checkbox"/> 1. Yes</td><td><input checked="" type="checkbox"/> 1. Yes</td></tr><tr><td><input checked="" type="checkbox"/> 2. No</td><td><input type="checkbox"/> 2. No</td></tr><tr><td><input type="checkbox"/> 3. Unknown</td><td></td></tr></tbody></table> | Veh 1 | Veh 2 | Drug Use P7 | EMV in service V7 | <input type="checkbox"/> 1. Yes | <input checked="" type="checkbox"/> 1. Yes | <input checked="" type="checkbox"/> 2. No | <input type="checkbox"/> 2. No | <input type="checkbox"/> 3. Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veh 1 | Veh 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Condition of Driver Contributing to the Crash P2 | Method of Alcohol Determination (by police) P6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 1. No Defects | <input type="checkbox"/> 1. Blood | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2. Eyesight Defective | <input type="checkbox"/> 2. Breath | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3. Hearing Defective | <input type="checkbox"/> 3. Refused | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 4. Other Body Defects | <input type="checkbox"/> 4. No Test | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 5. Illness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 6. Fatigued | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 7. Apparently Asleep | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 8. Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 9. Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veh 1 | Veh 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drug Use P7 | EMV in service V7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 1. Yes | <input checked="" type="checkbox"/> 1. Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 2. No | <input type="checkbox"/> 2. No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 3. Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Veh 1</th><th>Veh 2</th></tr></thead><tbody><tr><td>Truck Cover V8</td><td></td></tr><tr><td><input checked="" type="checkbox"/> 1. Yes</td><td></td></tr><tr><td><input type="checkbox"/> 2. No</td><td></td></tr></tbody></table> | Veh 1 | Veh 2 | Truck Cover V8 | | <input checked="" type="checkbox"/> 1. Yes | | <input type="checkbox"/> 2. No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veh 1 | Veh 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Truck Cover V8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> 1. Yes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> 2. No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Police Crash Report

Revised Report ☐

CRASH

| | | | | |
|--------------------------|--------------------------------------|-------------------------------------|--|-----------------------------------|
| Crash Date 10/26/2015 | MILITARY Time (24 hr clock) 05:15 | County of Crash BOTETOURT COUNTY | <input type="radio"/> City of <input type="radio"/> Town of | Local Case Number DIV615129246 |
|--------------------------|--------------------------------------|-------------------------------------|--|-----------------------------------|

DRIVER INFORMATION

| Veh | Veh | Veh | Veh |
|--|--|---|--|
| 3 | | 3 | |
| Driver's Action P1 | | Driver Vision Obscured P3 | |
| <input checked="" type="checkbox"/> 1. No Improper Action | <input type="checkbox"/> 2. Exceeded Speed Limit | <input checked="" type="checkbox"/> 1. Not Obscured | <input type="checkbox"/> 2. Rain, Snow, etc. on Windshield |
| <input type="checkbox"/> 3. Exceeded Safe Speed But Not Speed Limit | <input type="checkbox"/> 4. Overtaking On Hill | <input type="checkbox"/> 3. Windshield Otherwise Obscured | <input type="checkbox"/> 4. Vision Obscured by Load on Vehicle |
| <input type="checkbox"/> 5. Overtaking On Curve | <input type="checkbox"/> 6. Overtaking at Intersection | <input type="checkbox"/> 5. Trees, Crops, etc. | <input type="checkbox"/> 6. Building |
| <input type="checkbox"/> 7. Improper Passing of School Bus | <input type="checkbox"/> 8. Cutting In | <input type="checkbox"/> 7. Embankment | <input type="checkbox"/> 8. Sign or Signboard |
| <input type="checkbox"/> 9. Other Improper Passing | <input type="checkbox"/> 10. Wrong Side of Road - Not Overtaking | <input type="checkbox"/> 9. Hillcrest | <input type="checkbox"/> 10. Parked Vehicle(s) |
| <input type="checkbox"/> 11. Did Not Have Right-of-Way | <input type="checkbox"/> 12. Following Too Close | <input type="checkbox"/> 11. Moving Vehicle(s) | <input type="checkbox"/> 12. Sun or Headlight Glare |
| <input type="checkbox"/> 13. Fail to Signal or Improper Signal | <input type="checkbox"/> 14. Improper Turn - Wide Right Turn | <input type="checkbox"/> 13. Other | <input type="checkbox"/> 14. Blind Spot |
| <input type="checkbox"/> 15. Improper Turn - Cut Corner on Left Turn | <input type="checkbox"/> 16. Improper Turn From Wrong Lane | <input type="checkbox"/> 15. Smoke/Dust | <input type="checkbox"/> 16. Stopped Vehicle(s) |
| <input type="checkbox"/> 17. Other Improper Turn | <input type="checkbox"/> 18. Improper Backing | Type of Driver Distractions P4 | |
| <input type="checkbox"/> 19. Improper Start From Parked Position | <input type="checkbox"/> 20. Disregarded Officer or Flagger | <input type="checkbox"/> 1. Looking at Roadside Incident | <input type="checkbox"/> 2. Driver Fatigue |
| <input type="checkbox"/> 21. Disregarded Traffic Signal | <input type="checkbox"/> 22. Disregarded Stop or Yield Sign | <input type="checkbox"/> 3. Looking at Scenery | <input type="checkbox"/> 4. Passenger(s) |
| <input type="checkbox"/> 23. Driver Distraction | <input type="checkbox"/> 24. Fail to Stop at Through Highway - No Sign | <input type="checkbox"/> 5. Radio/CD, etc. | <input type="checkbox"/> 6. Cell Phone |
| <input type="checkbox"/> 25. Drive Through Work Zone | <input type="checkbox"/> 26. Fail to Set Out Flares or Flags | <input type="checkbox"/> 7. Eyes Not on Road | <input type="checkbox"/> 8. Daydreaming |
| <input type="checkbox"/> 27. Fail to Dim Headlights | <input type="checkbox"/> 28. Driving Without Lights | <input type="checkbox"/> 9. Eating/Drinking | <input type="checkbox"/> 10. Adjusting Vehicle Controls |
| <input type="checkbox"/> 29. Improper Parking Location | <input type="checkbox"/> 30. Avoiding Pedestrian | <input type="checkbox"/> 11. Other | <input type="checkbox"/> 12. Navigation Device |
| <input type="checkbox"/> 31. Avoiding Other Vehicle | <input type="checkbox"/> 32. Avoiding Animal | <input type="checkbox"/> 13. Texting | <input checked="" type="checkbox"/> 14. No Driver Distraction |
| <input type="checkbox"/> 33. Crowded Off Highway | <input type="checkbox"/> 34. Hit and Run | Drinking P5 | |
| <input type="checkbox"/> 35. Car Ran Away - No Driver | <input type="checkbox"/> 36. Blinded by Headlights | <input checked="" type="checkbox"/> 1. Had Not Been Drinking | <input type="checkbox"/> 2. Drinking - Obviously Drunk |
| <input type="checkbox"/> 37. Other | <input type="checkbox"/> 38. Avoiding Object in Roadway | <input type="checkbox"/> 3. Drinking - Ability Impaired | <input type="checkbox"/> 4. Drinking - Ability Not Impaired |
| <input type="checkbox"/> 39. Eluding Police | <input type="checkbox"/> 40. Fail to Maintain Proper Control | <input type="checkbox"/> 5. Drinking - Not Known Whether Impaired | <input type="checkbox"/> 6. Unknown |
| <input type="checkbox"/> 41. Improper Passing | <input type="checkbox"/> 42. Improper or Unsafe Lane Change | Method of Alcohol Determination (by police) P6 | |
| <input type="checkbox"/> 43. Over Correction | | <input checked="" type="checkbox"/> 1. Blood | <input type="checkbox"/> 2. Breath |
| Condition of Driver Contributing to the Crash P2 | | <input type="checkbox"/> 3. Refused | <input type="checkbox"/> 4. No Test |
| <input checked="" type="checkbox"/> 1. No Defects | <input type="checkbox"/> 2. Eyesight Defective | Drug Use P7 | |
| <input type="checkbox"/> 3. Hearing Defective | <input type="checkbox"/> 4. Other Body Defects | <input type="checkbox"/> 1. Yes | <input checked="" type="checkbox"/> 2. No |
| <input type="checkbox"/> 5. Illness | <input type="checkbox"/> 6. Fatigued | <input type="checkbox"/> 3. Unknown | |
| <input type="checkbox"/> 7. Apparently Asleep | <input type="checkbox"/> 8. Other | | |
| <input type="checkbox"/> 9. Unknown | | | |

VEHICLE INFORMATION

| Veh | Veh | Veh | Veh |
|---|--|--|---|
| 3 | | 3 | |
| Vehicle Maneuver V1 | | Vehicle Damage V4 | |
| <input checked="" type="checkbox"/> 1. Going Straight Ahead | <input type="checkbox"/> 2. Making Right Turn | <input type="checkbox"/> 1. Unknown | <input type="checkbox"/> 2. No damage |
| <input type="checkbox"/> 3. Making Left Turn | <input type="checkbox"/> 4. Making U-Turn | <input type="checkbox"/> 3. Overturned | <input type="checkbox"/> 4. Motor |
| <input type="checkbox"/> 5. Slowing or Stopping | <input type="checkbox"/> 6. Merging Into Traffic Lane | <input checked="" type="checkbox"/> 5. Undercarriage | <input type="checkbox"/> 6. Totaled |
| <input type="checkbox"/> 7. Starting From Parked Position | <input type="checkbox"/> 8. Stopped in Traffic Lane | <input type="checkbox"/> 7. Fire | <input type="checkbox"/> 8. Other |
| <input type="checkbox"/> 9. Ran Off Road - Right | <input type="checkbox"/> 10. Ran Off Road - Left | Vehicle Condition V5 | |
| <input type="checkbox"/> 11. Parked | <input type="checkbox"/> 12. Backing | <input checked="" type="checkbox"/> 1. No Defects | <input type="checkbox"/> 2. Lights Defective |
| <input type="checkbox"/> 13. Passing | <input type="checkbox"/> 14. Changing Lanes | <input type="checkbox"/> 3. Brakes Defective | <input type="checkbox"/> 4. Steering Defective |
| <input type="checkbox"/> 15. Other | <input type="checkbox"/> 16. Entering Street From Parking Lot | <input type="checkbox"/> 5. Puncture/Blowout | <input type="checkbox"/> 6. Worn or Slick Tires |
| Skidding Tire/Mark V2 | | <input type="checkbox"/> 7. Motor Trouble | <input type="checkbox"/> 8. Chains In Use |
| <input type="checkbox"/> 1. Before Application of Brakes | <input checked="" type="checkbox"/> 2. After Application of Brakes | <input type="checkbox"/> 9. Other | <input type="checkbox"/> 10. Vehicle Altered |
| <input type="checkbox"/> 3. Before and After Application of Brakes | <input type="checkbox"/> 4. No Visible Skid Mark/Tire Mark | <input type="checkbox"/> 11. Mirrors Defective | <input type="checkbox"/> 12. Power Train Defective |
| Vehicle Body Type V3 | | <input type="checkbox"/> 13. Suspension Defective | <input type="checkbox"/> 14. Windows/Windshield Defective |
| <input type="checkbox"/> 1. Passenger car | <input type="checkbox"/> 2. Truck - Pick-up/Passenger Truck | <input type="checkbox"/> 15. Wipers Defective | <input type="checkbox"/> 16. Wheels Defective |
| <input type="checkbox"/> 3. Van | <input checked="" type="checkbox"/> 4. Truck - Single Unit Truck (2-Axles) | <input type="checkbox"/> 17. Exhaust System | |
| <input type="checkbox"/> 5. Motor Home, Recreational Vehicle | <input type="checkbox"/> 6. Special Vehicle - Oversized Vehicle/Earthmover/Road Equipment | Special Function Motor Vehicle V6 | |
| <input type="checkbox"/> 7. Bicycle | <input type="checkbox"/> 8. Motorcycle | <input checked="" type="checkbox"/> 1. No Special Function | <input type="checkbox"/> 2. Taxi |
| <input type="checkbox"/> 9. Moped | <input type="checkbox"/> 10. Emergency Vehicle (Regardless of Vehicle Type) | <input type="checkbox"/> 3. School Bus (Public or Private) | <input type="checkbox"/> 4. Transit Bus |
| <input type="checkbox"/> 11. Bus - School Bus | <input type="checkbox"/> 12. Bus - City Transit Bus/Privately Owned Church Bus | <input type="checkbox"/> 5. Intercity Bus | <input type="checkbox"/> 6. Charter Bus |
| <input type="checkbox"/> 13. Bus - Commercial Bus | <input type="checkbox"/> 14. Other (Scooter, Go-cart, Hearse, Bookmobile, Golf Cart, etc.) | <input type="checkbox"/> 7. Other Bus | <input type="checkbox"/> 8. Military |
| <input type="checkbox"/> 15. Special Vehicle - Farm Machinery | <input type="checkbox"/> 16. Special Vehicle - Low-Speed Vehicle | <input type="checkbox"/> 9. Ambulance | <input type="checkbox"/> 10. Fire Truck |
| <input type="checkbox"/> 17. Truck - Sport Utility Vehicle (SUV) | <input type="checkbox"/> 18. Truck - Single Unit Truck (3 Axles or More) | <input type="checkbox"/> 11. Tow Truck | <input type="checkbox"/> 12. Maintenance |
| <input type="checkbox"/> 19. Truck - Truck Tractor (Bobtail-No Trailer) | | <input type="checkbox"/> 13. Unknown | |
| EMV in service V7 | | Truck Cover V8 | |
| <input checked="" type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No | <input checked="" type="checkbox"/> 1. Yes | <input type="checkbox"/> 2. No |
| | | | |

**Police Crash Report**Revised Report ☐

| CRASH | | | |
|--------------------------|--------------------------------------|-------------------------------------|-----------------------------------|
| Crash Date 10/26/2015 | MILITARY Time (24 hr clock) 05:15 | County of Crash BOTETOURT COUNTY | Local Case Number DIV615129246 |

CRASH INFORMATION

| | | | |
|---|---|---|--|
| Location of First Harmful Event in Relation to Roadway C1 <input checked="" type="radio"/> 1. On Roadway <input type="radio"/> 2. Shoulder <input type="radio"/> 3. Median <input type="radio"/> 4. Roadside <input type="radio"/> 5. Gore <input type="radio"/> 6. Separator <input type="radio"/> 7. In Parking Lane or Zone <input type="radio"/> 8. Off Roadway, Location Unknown <input type="radio"/> 9. Outside Right-of-Way | Traffic Control Type C5 <input type="radio"/> 1. No Traffic Control <input type="radio"/> 2. Officer or Flagger <input type="radio"/> 3. Traffic Signal <input type="radio"/> 4. Stop Sign <input type="radio"/> 5. Slow or Warning Sign <input checked="" type="radio"/> 6. Traffic Lanes Marked <input type="radio"/> 7. No Passing Lines <input type="radio"/> 8. Yield Sign <input type="radio"/> 9. One Way Road or Street <input type="radio"/> 10. Railroad Crossing With Markings and Signs <input type="radio"/> 11. Railroad Crossing With Signals <input type="radio"/> 12. Railroad Crossing With Gate and Signals <input type="radio"/> 13. Other <input type="radio"/> 14. Pedestrian Crosswalk <input type="radio"/> 15. Reduced Speed – School Zone <input type="radio"/> 16. Reduced Speed – Work Zone <input type="radio"/> 17. Highway Safety Corridor | Roadway Description C9 <input type="radio"/> 1. Two-Way, Not Divided <input type="radio"/> 2. Two-Way, Divided, Unprotected Median <input checked="" type="radio"/> 3. Two-Way, Divided, Positive Median Barrier <input type="radio"/> 4. One-Way, Not Divided <input type="radio"/> 5. Unknown | Intersection Type C12 <input checked="" type="radio"/> 1. Not at Intersection <input type="radio"/> 2. Two Approaches <input type="radio"/> 3. Three Approaches <input type="radio"/> 4. Four Approaches <input type="radio"/> 5. Five-Point, or more <input type="radio"/> 6. Roundabout |
| Weather Condition C2 <input checked="" type="radio"/> 1. No Adverse Condition (Clear/Cloudy) <input type="radio"/> 3. Fog <input type="radio"/> 4. Mist <input type="radio"/> 5. Rain <input type="radio"/> 6. Snow <input type="radio"/> 7. Sleet/Hail <input type="radio"/> 8. Smoke/Dust <input type="radio"/> 9. Other <input type="radio"/> 10. Blowing Sand, Soil, Dirt, or Snow <input type="radio"/> 11. Severe Crosswinds | Roadway Alignment C6 <input checked="" type="radio"/> 1. Straight – Level <input type="radio"/> 2. Curve – Level <input type="radio"/> 3. Grade – Straight <input type="radio"/> 4. Grade – Curve <input type="radio"/> 5. Hillcrest – Straight <input type="radio"/> 6. Hillcrest – Curve <input type="radio"/> 7. Dip – Straight <input type="radio"/> 8. Dip – Curve <input type="radio"/> 9. Other <input type="radio"/> 10. On/Off Ramp | Roadway Defects C10 <input checked="" type="radio"/> 1. No Defects <input type="radio"/> 2. Holes, Ruts, Bumps <input type="radio"/> 3. Soft or Low Shoulder <input type="radio"/> 4. Under Repair <input type="radio"/> 5. Loose Material <input type="radio"/> 6. Restricted Width <input type="radio"/> 7. Slick Pavement <input type="radio"/> 8. Roadway Obstructed <input type="radio"/> 9. Other <input type="radio"/> 10. Edge Pavement Drop Off | Work Zone C13 <input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No |
| Light Conditions C3 <input type="radio"/> 1. Dawn <input type="radio"/> 2. Daylight <input type="radio"/> 3. Dusk <input type="radio"/> 4. Darkness – Road Lighted <input checked="" type="radio"/> 5. Darkness – Road Not Lighted <input type="radio"/> 6. Darkness – Unknown Road Lighting <input type="radio"/> 7. Unknown | Roadway Surface Condition C7 <input checked="" type="radio"/> 1. Dry <input type="radio"/> 2. Wet <input type="radio"/> 3. Snowy <input type="radio"/> 4. Icy <input type="radio"/> 5. Muddy <input type="radio"/> 6. Oil/Other Fluids <input type="radio"/> 7. Other <input type="radio"/> 8. Natural Debris <input type="radio"/> 9. Water (Standing, Moving) <input type="radio"/> 10. Slush <input type="radio"/> 11. Sand, Dirt, Gravel | Relation to Roadway C11 Interchange Area: <input type="radio"/> 1. Main-Line Roadway <input type="radio"/> 2. Acceleration/Deceleration Lanes <input type="radio"/> 3. Gore Area (Between Ramp and Highway Edgelines) <input type="radio"/> 4. Collector/Distributor Road <input type="radio"/> 5. On Entrance/Exit Ramp <input type="radio"/> 6. Intersection at end of Ramp <input type="radio"/> 7. Other location not listed above within an interchange area (median, shoulder and roadside) | Work Zone Workers Present C14 <input type="radio"/> 1. With Law Enforcement <input type="radio"/> 2. With No Law Enforcement <input type="radio"/> 3. No Workers Present |
| Traffic Control Device C4 <input checked="" type="radio"/> 1. Yes – Working <input type="radio"/> 2. Yes – Working and Obscured <input type="radio"/> 3. Yes – Not Working <input type="radio"/> 4. Yes – Not Working and Obscured <input type="radio"/> 5. Yes – Missing <input type="radio"/> 6. No Traffic Control Device Present | Roadway Surface Type C8 <input type="radio"/> 1. Concrete <input checked="" type="radio"/> 2. Blacktop, Asphalt, Bituminous <input type="radio"/> 3. Brick or Block <input type="radio"/> 4. Slag, Gravel, Stone <input type="radio"/> 5. Dirt <input type="radio"/> 6. Other | Intersection Area: <input checked="" type="radio"/> 8. Non-Intersection <input type="radio"/> 9. Within Intersection <input type="radio"/> 10. Intersection-Related - Within 150' <input type="radio"/> 11. Intersection-Related - Outside 150' | Work Zone Location C15 <input type="radio"/> 1. Advance Warning Area <input type="radio"/> 2. Transition Area <input type="radio"/> 3. Activity Area <input type="radio"/> 4. Termination Area |
| | | Other Location: <input type="radio"/> 12. Crossover Related <input type="radio"/> 13. Driveway, Alley-Access - Related <input type="radio"/> 14. Railway Grade Crossing <input type="radio"/> 15. Other Crossing (Crossings for Bikes, School, etc.) | Work Zone Type C16 <input type="radio"/> 1. Lane Closure <input type="radio"/> 2. Lane Shift/Crossover <input type="radio"/> 3. Work on Shoulder or Median <input type="radio"/> 4. Intermittent or Moving Work <input type="radio"/> 5. Other |
| | | | School Zone C17 <input type="radio"/> 1. Yes <input type="radio"/> 2. Yes - With School Activity <input checked="" type="radio"/> 3. No |
| | | | Type of Collision C18 <input type="radio"/> 1. Rear End <input checked="" type="radio"/> 2. Angle <input type="radio"/> 3. Head On <input type="radio"/> 4. Sideswipe – Same Direction <input type="radio"/> 5. Sideswipe – Opposite Direction <input type="radio"/> 6. Fixed Object in Road <input type="radio"/> 7. Train <input type="radio"/> 8. Non-Collision <input type="radio"/> 9. Fixed Object – Off Road <input type="radio"/> 10. Deer <input type="radio"/> 11. Other Animal <input type="radio"/> 12. Pedestrian <input type="radio"/> 13. Bicyclist <input type="radio"/> 14. Motorcyclist <input type="radio"/> 15. Backed Into <input type="radio"/> 16. Other |



Police Crash Report

Revised Report ☐

| | | | | | | | |
|--------------|--|------------------------------|--|--|---|---|---------------------------------------|
| CRASH | | Crash Date <u>10/26/2015</u> | | MILITARY Time (24 hr clock) <u>05:15</u> | County of Crash <u>BOTETOURT COUNTY</u> | City of <input type="checkbox"/> Town of <input type="checkbox"/> | Local Case Number <u>DIV615129246</u> |
|--------------|--|------------------------------|--|--|---|---|---------------------------------------|

CRASH DIAGRAM

VEHICLE # 1

Fill In Impact Area(s).
Initial Impact. 11

| | | |
|----|-------------------------------------|---|
| 11 | <input checked="" type="checkbox"/> | 1 |
| 10 | <input checked="" type="checkbox"/> | 2 |
| 9 | <input type="checkbox"/> | 3 |
| 8 | <input type="checkbox"/> | 4 |
| 7 | <input type="checkbox"/> | 5 |
| 6 | <input type="checkbox"/> | |

Veh Dir of Travel—N/S/E/W

VEHICLE # 3

Fill In Impact Area(s).
Initial Impact. 12

| | | |
|----|-------------------------------------|---|
| 11 | <input checked="" type="checkbox"/> | 1 |
| 10 | <input checked="" type="checkbox"/> | 2 |
| 9 | <input checked="" type="checkbox"/> | 3 |
| 8 | <input checked="" type="checkbox"/> | 4 |
| 7 | <input checked="" type="checkbox"/> | 5 |
| 6 | <input type="checkbox"/> | |

Veh Dir of Travel—N/S/E/W

VEHICLE # 2

Fill In Impact Area(s).
Initial Impact. 12

| | | |
|----|-------------------------------------|---|
| 11 | <input checked="" type="checkbox"/> | 1 |
| 10 | <input checked="" type="checkbox"/> | 2 |
| 9 | <input checked="" type="checkbox"/> | 3 |
| 8 | <input checked="" type="checkbox"/> | 4 |
| 7 | <input checked="" type="checkbox"/> | 5 |
| 6 | <input type="checkbox"/> | |

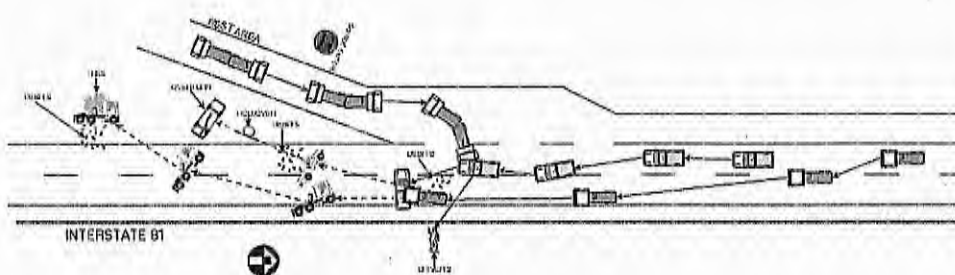
Veh Dir of Travel—N/S/E/W

VEHICLE

Fill In Impact Area(s).
Initial Impact. ☐

| | | |
|----|--------------------------|---|
| 11 | <input type="checkbox"/> | 1 |
| 10 | <input type="checkbox"/> | 2 |
| 9 | <input type="checkbox"/> | 3 |
| 8 | <input type="checkbox"/> | 4 |
| 7 | <input type="checkbox"/> | 5 |
| 6 | <input type="checkbox"/> | |

Veh Dir of Travel—N/S/E/W



DAMAGE TO PROPERTY OTHER THAN VEHICLES

| Approx. Repair Cost | Object Struck (Tree, Fence, etc.) | Property Owners Name (Last, First, Middle) | Address (Street and Number) | VDOT Property <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------|-----------------------------------|--|-----------------------------|---|
| | | | | |

CRASH DESCRIPTION

VEHICLE 1 WAS IN THE REST AREA. VEHICLE 2 AND VEHICLE 3 WAS TRAVELING SOUTH ON INTERSTATE 81. VEHICLE 1 EXITED THE REST AREA IN THE WRONG DIRECTION. VEHICLE 1 STRUCK VEHICLE 2. VEHICLE 3 THEN STRUCK VEHICLE 2.

CRASH EVENTS

| Vehicle # | First Event | Second Event | Third Event | Fourth Event | Most Harmful Event |
|-----------|-------------|--------------|-------------|--------------|--------------------|
| 1 | 20 | | | | 20 |
| 2 | 20 | 20 | 30 | | 20 |
| 3 | 20 | 30 | 2 | | 20 |

First Harmful Event of Entire Crash that Results in First Injury or Damage.
20

COLLISION WITH FIXED OBJECT

- | | |
|---|---------------------------|
| 1. Bank Or Ledge | 10. Other |
| 2. Trees | 11. Jersey Wall |
| 3. Utility Pole | 12. Building/Structure |
| 4. Fence Or Post | 13. Curb |
| 5. Guard Rail | 14. Ditch |
| 6. Parked Vehicle | 15. Other Fixed Object |
| 7. Tunnel, Bridge, Underpass, Culvert, etc. | 16. Other Traffic Barrier |
| 8. Sign, Traffic Signal | 17. Traffic Sign Support |
| 9. Impact Cushioning Device | 18. Mailbox |

COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT

- | | |
|--------------------------------|----------------------------|
| 19. Pedestrian | 24. Work Zone |
| 20. Motor Vehicle In Transport | Maintenance Equipment |
| 21. Train | 25. Other Movable Object |
| 22. Bicycle | 26. Unknown Movable Object |
| 23. Animal | 27. Other |

NON-COLLISION

- | | |
|-------------------------|-----------------------------------|
| 28. Ran Off Road | 35. Cross Median |
| 29. Jack Knife | 36. Cross Centerline |
| 30. Overturn (Rollover) | 37. Equipment Failure (Tire, etc) |
| 31. Downhill Runaway | 38. Immersion |
| 32. Cargo Loss or Shift | 39. Fell/Jumped From Vehicle |
| 33. Explosion or Fire | 40. Thrown or Falling Object |
| 34. Separation of Units | 41. Non-Collision Unknown |
| | 42. Other Non Collision |

Police Crash Report

Revised Report ☐**CRASH**

| | | | | |
|---------------------------------|---|--|--|--|
| Crash Date 10/26/2015 | MILITARY Time (24 hr clock) 05:15 | County of Crash BOTETOURT COUNTY | <input type="radio"/> City of <input type="radio"/> Town of | Local Case Number DIV615129246 |
|---------------------------------|---|--|--|--|

COMMERCIAL MOTOR VEHICLE SECTION

This form is being completed because the vehicle is:

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> A Truck or Truck Combination Rating Greater Than 10,000 lbs. (GVWR/GCWR) | <input type="checkbox"/> Any Motor Vehicle That Seats 9 or More People, Including the Driver | <input type="checkbox"/> A Vehicle of Any Type with a Hazardous Materials Placard Regardless of Weight |
|--|--|--|

AND The crash resulted in:

A fatality: any person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash

OR

An injury: any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene

OR

A tow-away: any motor vehicle (truck, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle

VEHICLE # 1

| | | | |
|--|---|---|---|
| Vehicle Configuration V10 <input type="radio"/> 1. Passenger Car (Only if Vehicle Has Hazardous Materials Placard) <input type="radio"/> 2. Light Truck (Only if Vehicle Has Hazardous Materials Placard) <input type="radio"/> 3. Bus (Seats 9-15 People, Including Driver) <input type="radio"/> 4. Bus (Seats for 16 People or More, Including Driver) <input type="radio"/> 5. Single Unit Truck (2 Axles, 6 Tires) <input type="radio"/> 6. Single Unit Truck (3 or More Axles) <input checked="" type="radio"/> 7. Truck Trailer(s) [Single-Unit Truck Pulling Trailer(s)] <input type="radio"/> 8. Truck Tractor (Bobtail) <input type="radio"/> 9. Tractor/Semi-trailer (One Trailer) <input type="radio"/> 10. Tractor/Doubles (Two Trailers) <input type="radio"/> 11. Other Truck Greater Than 10,000 lbs. (Not Listed Above) | Cargo Body Type V11 <input type="radio"/> 1. Bus (Seats 9-15 People, Including Driver) <input type="radio"/> 2. Bus (Seats For 16 People or More, Including Driver) <input type="radio"/> 3. Van/Enclosed Box <input type="radio"/> 4. Cargo Tank <input type="radio"/> 5. Flatbed <input type="radio"/> 6. Dump <input type="radio"/> 7. Concrete Mixer <input type="radio"/> 8. Auto Transporter <input type="radio"/> 9. Garbage/Refuse <input type="radio"/> 10. Grain/Chips/Gravel <input type="radio"/> 11. Pole-Trailer <input checked="" type="radio"/> 12. Vehicle Towing Another Motor Vehicle <input type="radio"/> 13. Intermodal Container Chassis <input type="radio"/> 14. Logging <input type="radio"/> 15. Other Cargo Body (Not Listed Above) <input type="radio"/> 16. Not Applicable/No Cargo Body | License Class P8 <input checked="" type="radio"/> Class A <input type="radio"/> Class B <input type="radio"/> Class C <input type="radio"/> Class DRL (regular drivers license) <input type="radio"/> Class M | Commercial Endorsement P9 <input type="radio"/> T-Double Trailer <input type="radio"/> P-Passenger Vehicle <input type="radio"/> N-Tank Vehicle <input type="radio"/> H-Required To Be Placarded for Hazardous Materials <input type="radio"/> X-Combined Tank/HAZMAT <input checked="" type="radio"/> O-Other |
| Hazardous Material Hazardous Material Placard: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | | GVWR/GCWR V12 <input type="radio"/> 1. 10,000 lbs. or Less <input type="radio"/> 2. 10,001-26,000 lbs. <input checked="" type="radio"/> 3. Greater Than 26,000 lbs. | |

Hazardous MaterialHazardous Material Placard: ☒ ☒

| | | | | |
|---------------------------------|--------------------------------------|-------------------------------|--|---|
| HM 4-Digit <input type="text"/> | HM Placard Name <input type="text"/> | HM Class <input type="text"/> | HM Cargo Present <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | HM Cargo Released <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
|---------------------------------|--------------------------------------|-------------------------------|--|---|

Carrier Identification

| | | |
|--|---|--|
| Commercial Motor Carrier Name S.M.C. TRANSPORT | Address (P.O. Box if No Street Address) 2309 LARGO STREET | |
| Carrier's ID Number US DOT# 2 4 3 5 8 7 9 0 | State (Intrastate Only) TX | City WESLACO |
| State (Intrastate Only) TX | Zip 78596 | Commercial/Non-Commercial V13 <input checked="" type="radio"/> 1. Interstate Carrier <input type="radio"/> 2. Intrastate Carrier <input type="radio"/> 3. Not in Commerce-Government (Trucks and Buses) <input type="radio"/> 4. Not in Commerce-Other Truck (Over 10,000 lbs.) |

VEHICLE # 3

| | | | |
|--|---|---|---|
| Vehicle Configuration V10 <input type="radio"/> 1. Passenger Car (Only if Vehicle Has Hazardous Materials Placard) <input type="radio"/> 2. Light Truck (Only if Vehicle Has Hazardous Materials Placard) <input type="radio"/> 3. Bus (Seats 9-15 People, Including Driver) <input type="radio"/> 4. Bus (Seats for 16 People or More, Including Driver) <input checked="" type="radio"/> 5. Single Unit Truck (2 Axles, 6 Tires) <input type="radio"/> 6. Single Unit Truck (3 or More Axles) <input type="radio"/> 7. Truck Trailer(s) [Single-Unit Truck Pulling Trailer(s)] <input type="radio"/> 8. Truck Tractor (Bobtail) <input type="radio"/> 9. Tractor/Semi-trailer (One Trailer) <input type="radio"/> 10. Tractor/Doubles (Two Trailers) <input type="radio"/> 11. Other Truck Greater Than 10,000 lbs. (Not Listed Above) | Cargo Body Type V11 <input type="radio"/> 1. Bus (Seats 9-15 People, Including Driver) <input type="radio"/> 2. Bus (Seats For 16 People or More, Including Driver) <input checked="" type="radio"/> 3. Van/Enclosed Box <input type="radio"/> 4. Cargo Tank <input type="radio"/> 5. Flatbed <input type="radio"/> 6. Dump <input type="radio"/> 7. Concrete Mixer <input type="radio"/> 8. Auto Transporter <input type="radio"/> 9. Garbage/Refuse <input type="radio"/> 10. Grain/Chips/Gravel <input type="radio"/> 11. Pole-Trailer <input type="radio"/> 12. Vehicle Towing Another Motor Vehicle <input type="radio"/> 13. Intermodal Container Chassis <input type="radio"/> 14. Logging <input type="radio"/> 15. Other Cargo Body (Not Listed Above) <input type="radio"/> 16. Not Applicable/No Cargo Body | License Class P8 <input type="radio"/> Class A <input checked="" type="radio"/> Class B <input type="radio"/> Class C <input type="radio"/> Class DRL (regular drivers license) <input type="radio"/> Class M | Commercial Endorsement P9 <input type="radio"/> T-Double Trailer <input type="radio"/> P-Passenger Vehicle <input type="radio"/> N-Tank Vehicle <input type="radio"/> H-Required To Be Placarded for Hazardous Materials <input type="radio"/> X-Combined Tank/HAZMAT <input checked="" type="radio"/> O-Other |
| Hazardous Material Hazardous Material Placard: <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | | GVWR/GCWR V12 <input type="radio"/> 1. 10,000 lbs. or Less <input checked="" type="radio"/> 2. 10,001-26,000 lbs. <input type="radio"/> 3. Greater Than 26,000 lbs. | |

Hazardous MaterialHazardous Material Placard: ☒ ☒

| | | | | |
|---------------------------------|--------------------------------------|-------------------------------|--|---|
| HM 4-Digit <input type="text"/> | HM Placard Name <input type="text"/> | HM Class <input type="text"/> | HM Cargo Present <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | HM Cargo Released <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> |
|---------------------------------|--------------------------------------|-------------------------------|--|---|

Carrier Identification

| | | |
|---|--|--|
| Commercial Motor Carrier Name CT WWM INC | Address (P.O. Box if No Street Address) PO BOX 174 | |
| Carrier's ID Number US DOT# 8 1 5 5 6 0 0 7 0 | State (Intrastate Only) TX | City WESLACO |
| State (Intrastate Only) TX | Zip 78596 | Commercial/Non-Commercial V13 <input checked="" type="radio"/> 1. Interstate Carrier <input type="radio"/> 2. Intrastate Carrier <input type="radio"/> 3. Not in Commerce-Government (Trucks and Buses) <input type="radio"/> 4. Not in Commerce-Other Truck (Over 10,000 lbs.) |

Commonwealth of Virginia • Department of Motor Vehicles
Police Crash Report



(Rev 4/9/12)

Revised Report ☐

Page 1 of 9

| | | | |
|--|------------------------|--|---------------------------------------|
| CRASH | | GPS Lat. <u>37.469450</u> | GPS Long. <u>79.810615</u> |
| Crash Date <u>10/26/2015</u> | Day of Week <u>Mon</u> | Military Time (24 hr clock) <u>0515</u> | County of Crash <u>BOTETOURT</u> |
| City of <u></u> | Town of <u></u> | Landmarks at Scene <u></u> | Official DMV Use <u>155055da1</u> |
| Location of Crash (route/street) <u>2-81</u> | | Railroad Crossing ID no. (if within 150 ft.) <u></u> | Local Case Number <u>DIUG15129246</u> |
| <input type="radio"/> At Intersection With or <u>8</u> <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet <u>0000</u> of <u>ROUTE 606</u> | | Location of Crash (route/street) <u>ROUTE 606</u> | Mile Marker Number <u>11518110</u> |
| | | | Number of Vehicles <u>3</u> |

VEHICLE # 1

DRIVER

Driver's Name (Last, First, Middle) MARTINEZ, ISRAEL

Address (Street and Number) Confidential

State Confidential ZIP Confidential

Birth Date Confidential Drivers License Number Confidential

Safety Equip. Used 3 Air Bag 2 Ejected 1 Date of Death MM DD YYYY Injury Type 6 EMS Transport 00

Summons Issued As Result of Crash 1 Offenses Charged to Driver 46.2-85a

VEHICLE

Vehicle Owner's Name (Last, First, Middle) SMC TRANSPORT LLC

Address (Street and Number) Confidential

State Confidential ZIP Confidential

Vehicle Year 2003 Vehicle Make EAHLINER Vehicle Model COLUMBIA Disabled 0 CMV 0 Towed 0

Vehicle Plate Number R199631 State TX Approximate Repair Cost 2,000

VIN 1FUJA6CG63LL12106 ☐ Oversize ☐ Cargo Spill

Name of Insurance Company (not agent) UNITED SPECIALTY INSURANCE ☐ Override ☐ Underwrite

Speed Before Crash 5 Speed Limit 70 Maximum Safe Speed 0 Under 8 ALL Passengers Age Count 8-17 18-21 Over 21

VEHICLE # 2

DRIVER

Driver's Name (Last, First, Middle) LESTER, BRANDON CLARK

Address (Street and Number) Confidential

State Confidential ZIP Confidential

Birth Date Confidential Drivers License Number Confidential

Safety Equip. Used 8 Air Bag 2 Ejected 3 Date of Death MM DD YYYY Injury Type 2 EMS Transport 00

Summons Issued As Result of Crash 2 Offenses Charged to Driver

VEHICLE

Vehicle Owner's Name (Last, First, Middle)

Address (Street and Number)

State ZIP

Vehicle Year 1995 Vehicle Make TOYOTA Vehicle Model TRACOMA Disabled 0 CMV 0 Towed 0

Vehicle Plate Number UGA 1541 State VA Approximate Repair Cost 5,000

VIN 4TAUN61C952035791 ☐ Oversize ☐ Cargo Spill

Name of Insurance Company (not agent) GEICO ☐ Override ☐ Underwrite

Speed Before Crash 70 Speed Limit 70 Maximum Safe Speed 70 Under 8 ALL Passengers Age Count 8-17 18-21 Over 21

PASSENGER (only if injured or killed)

| | | |
|---------------------------------------|--------------------|----------------------------|
| Name of Injured (Last, First, Middle) | EMS Transport | Date of Death |
| Position In/On Vehicle | Safety Equip. Used | Airbag Ejected Injury Type |
| Birthdate | Gender | |

PASSENGER (only if injured or killed)

| | | |
|---------------------------------------|--------------------|----------------------------|
| Name of Injured (Last, First, Middle) | EMS Transport | Date of Death |
| Position In/On Vehicle | Safety Equip. Used | Airbag Ejected Injury Type |
| Birthdate | Gender | |

| | | | | | |
|--|---|--|--|---|--|
| <p>Codes</p> <p>1. Driver</p> <p>2-6. Passengers</p> <p>7. Cargo Area</p> <p>8. Riding/Hanging On Outside</p> <p>9-98. All Other Passengers</p> | <p>SAFETY EQUIPMENT USED</p> <p>1. Lap Belt Only</p> <p>2. Shoulder Belt Only</p> <p>3. Lap and Shoulder Belt</p> <p>4. Child Restraint</p> <p>5. Helmet</p> <p>6. Other</p> <p>7. Booster Seat</p> <p>8. No Restraint Used</p> <p>9. Not Applicable</p> | <p>AIRBAG</p> <p>1. Deployed - Front</p> <p>2. Not Deployed</p> <p>3. Unavailable/Not Applicable</p> <p>4. Keyed Off</p> <p>5. Unknown</p> <p>6. Deployed - Side</p> <p>7. Deployed - Other (Knee, etc.)</p> <p>8. Deployed - Combination</p> | <p>EJECTED FROM VEHICLE</p> <p>1. Not Ejected</p> <p>2. Partially Ejected</p> <p>3. Totally Ejected</p> | <p>SUMMONS ISSUED AS A RESULT OF CRASH</p> <p>1. Yes</p> <p>3. Pending</p> | <p>INJURY TYPE</p> <p>1. Dead</p> <p>2. Serious Injury</p> <p>3. Minor/Possible Injury</p> <p>4. No Apparent Injury</p> <p>6. No Injury (driver only)</p> |
|--|---|--|--|---|--|

POLICE CRASH REPORT

Page 1 of 9

CRASH

Crash Date

10/26/2015 0515

MILITARY Time (24 hr clock)

County of Crash

BOTETOWN

City of
Town of

Local Case Number

DIU6152924

DRIVER INFORMATION

| Veh | Veh | Driver's Action | P1 |
|-----|-----|--|-------------------------------------|
| 1 | 2 | 1. No Improper Action | <input checked="" type="checkbox"/> |
| | | 2. Exceeded Speed Limit | <input type="checkbox"/> |
| | | 3. Exceeded Safe Speed But Not Speed Limit | <input type="checkbox"/> |
| | | 4. Overtaking On Hill | <input type="checkbox"/> |
| | | 5. Overtaking On Curve | <input type="checkbox"/> |
| | | 6. Overtaking at Intersection | <input type="checkbox"/> |
| | | 7. Improper Passing of School Bus | <input type="checkbox"/> |
| | | 8. Cutting In | <input type="checkbox"/> |
| | | 9. Other Improper Passing | <input type="checkbox"/> |
| | | 10. Wrong Side of Road - Not Overtaking | <input type="checkbox"/> |
| | | 11. Did Not Have Right-of-Way | <input type="checkbox"/> |
| | | 12. Following Too Close | <input type="checkbox"/> |
| | | 13. Fail to Signal or Improper Signal | <input type="checkbox"/> |
| | | 14. Improper Turn - Wide Right Turn | <input type="checkbox"/> |
| | | 15. Improper Turn - Cut Corner on Left Turn | <input type="checkbox"/> |
| | | 16. Improper Turn From Wrong Lane | <input type="checkbox"/> |
| | | 17. Other Improper Turn | <input type="checkbox"/> |
| | | 18. Improper Backing | <input type="checkbox"/> |
| | | 19. Improper Start From Parked Position | <input type="checkbox"/> |
| | | 20. Disregarded Officer or Flagger | <input type="checkbox"/> |
| | | 21. Disregarded Traffic Signal | <input type="checkbox"/> |
| | | 22. Disregarded Stop or Yield Sign | <input type="checkbox"/> |
| | | 24. Fail to Stop at Through High way - No Sign | <input type="checkbox"/> |
| | | 25. Drive Through Work Zone | <input type="checkbox"/> |
| | | 26. Fail to Set Out Flares or Flags | <input type="checkbox"/> |
| | | 27. Fail to Dim Headlights | <input type="checkbox"/> |
| | | 28. Driving Without Lights | <input type="checkbox"/> |
| | | 29. Improper Parking Location | <input type="checkbox"/> |
| | | 30. Avoiding Pedestrian | <input type="checkbox"/> |
| | | 31. Avoiding Other Vehicle | <input type="checkbox"/> |
| | | 32. Avoiding Animal | <input type="checkbox"/> |
| | | 33. Crowded Off Highway | <input type="checkbox"/> |
| | | 34. Hit and Run | <input type="checkbox"/> |
| | | 35. Car Ran Away - No Driver | <input type="checkbox"/> |
| | | 36. Blinded by Headlights | <input type="checkbox"/> |
| | | 37. Other | <input type="checkbox"/> |
| | | 38. Avoiding Object in Roadway | <input type="checkbox"/> |
| | | 39. Eluding Police | <input type="checkbox"/> |
| | | 40. Fail to Maintain Proper Control | <input type="checkbox"/> |
| | | 41. Improper Passing | <input type="checkbox"/> |
| | | 42. Improper or Unsafe Lane Change | <input type="checkbox"/> |
| | | 43. Over Correction | <input type="checkbox"/> |

| Veh | Veh | Driver Vision Obscured | P3 |
|-----|-----|---------------------------------------|-------------------------------------|
| 1 | 2 | 1. Not Obscured | <input checked="" type="checkbox"/> |
| | | 2. Rain, Snow, etc. on Windshield | <input type="checkbox"/> |
| | | 3. Windshield Otherwise Obscured | <input type="checkbox"/> |
| | | 4. Vision Obscured by Load on Vehicle | <input type="checkbox"/> |
| | | 5. Trees, Crops, etc. | <input type="checkbox"/> |
| | | 6. Building | <input type="checkbox"/> |
| | | 7. Embankment | <input type="checkbox"/> |
| | | 8. Sign or Signboard | <input type="checkbox"/> |
| | | 9. Hillcrest | <input type="checkbox"/> |
| | | 10. Parked Vehicle(s) | <input type="checkbox"/> |
| | | 11. Moving Vehicle(s) | <input type="checkbox"/> |
| | | 12. Sun or Headlight Glare | <input type="checkbox"/> |
| | | 13. Other | <input type="checkbox"/> |
| | | 14. Blind Spot | <input type="checkbox"/> |
| | | 15. Smoke/Dust | <input type="checkbox"/> |
| | | 16. Stopped Vehicle(s) | <input type="checkbox"/> |

| Veh | Veh | Type of Driver Distractions | P4 |
|-----|-----|---------------------------------|-------------------------------------|
| 1 | 2 | 1. Looking at Roadside Incident | <input type="checkbox"/> |
| | | 2. Driver Fatigue | <input type="checkbox"/> |
| | | 3. Looking at Scenery | <input type="checkbox"/> |
| | | 4. Passenger(s) | <input type="checkbox"/> |
| | | 5. Radio/CD, etc. | <input type="checkbox"/> |
| | | 6. Cell Phone | <input type="checkbox"/> |
| | | 7. Eyes Not on Road | <input type="checkbox"/> |
| | | 8. Daydreaming | <input type="checkbox"/> |
| | | 9. Eating/Drinking | <input type="checkbox"/> |
| | | 10. Adjusting Vehicle Controls | <input type="checkbox"/> |
| | | 11. Other | <input type="checkbox"/> |
| | | 12. Navigation Device | <input type="checkbox"/> |
| | | 13. Texting | <input type="checkbox"/> |
| | | 14. No Driver Distraction | <input checked="" type="checkbox"/> |

| Veh | Veh | Drinking | P5 |
|-----|-----|--|-------------------------------------|
| 1 | 2 | 1. Had Not Been Drinking | <input checked="" type="checkbox"/> |
| | | 2. Drinking - Obviously Drunk | <input type="checkbox"/> |
| | | 3. Drinking - Ability Impaired | <input type="checkbox"/> |
| | | 4. Drinking - Ability Not Impaired | <input type="checkbox"/> |
| | | 5. Drinking - Not Known Whether Impaired | <input type="checkbox"/> |
| | | 6. Unknown | <input type="checkbox"/> |

| Veh | Veh | Method of Alcohol Determination (by police) | P6 |
|-----|-----|---|--------------------------|
| 1 | 2 | 1. Blood | <input type="checkbox"/> |
| | | 2. Breath | <input type="checkbox"/> |
| | | 3. Refused | <input type="checkbox"/> |
| | | 4. No Test | <input type="checkbox"/> |

| Veh | Veh | Drug Use | P7 |
|-----|-----|------------|-------------------------------------|
| 1 | 2 | 1. Yes | <input type="checkbox"/> |
| | | 2. No | <input checked="" type="checkbox"/> |
| | | 3. Unknown | <input type="checkbox"/> |

| Veh | Veh | Condition of Driver Contributing to the Crash | P2 |
|-----|-----|---|-------------------------------------|
| 1 | 2 | 1. No Defects | <input checked="" type="checkbox"/> |
| | | 2. Eyesight Defective | <input type="checkbox"/> |
| | | 3. Hearing Defective | <input type="checkbox"/> |
| | | 4. Other Body Defects | <input type="checkbox"/> |
| | | 5. Illness | <input type="checkbox"/> |
| | | 6. Fatigued | <input type="checkbox"/> |
| | | 7. Apparently Asleep | <input type="checkbox"/> |
| | | 8. Other | <input type="checkbox"/> |
| | | 9. Unknown | <input type="checkbox"/> |

VEHICLE INFORMATION

| Veh | Veh | Vehicle Maneuver | V1 |
|-----|-----|--------------------------------------|-------------------------------------|
| 1 | 2 | 1. Going Straight Ahead | <input checked="" type="checkbox"/> |
| | | 2. Making Right Turn | <input type="checkbox"/> |
| | | 3. Making Left Turn | <input type="checkbox"/> |
| | | 4. Making U-Turn | <input type="checkbox"/> |
| | | 5. Slowing or Stopping | <input type="checkbox"/> |
| | | 6. Merging Into Traffic Lane | <input type="checkbox"/> |
| | | 7. Starting From Parked Position | <input type="checkbox"/> |
| | | 8. Stopped in Traffic Lane | <input type="checkbox"/> |
| | | 9. Ran Off Road - Right | <input type="checkbox"/> |
| | | 10. Ran Off Road - Left | <input type="checkbox"/> |
| | | 11. Parked | <input type="checkbox"/> |
| | | 12. Backing | <input type="checkbox"/> |
| | | 13. Passing | <input type="checkbox"/> |
| | | 14. Changing Lanes | <input type="checkbox"/> |
| | | 15. Other | <input type="checkbox"/> |
| | | 16. Entering Street From Parking Lot | <input type="checkbox"/> |

| Veh | Veh | Skidding Tire/Mark | V2 |
|-----|-----|---|-------------------------------------|
| 1 | 2 | 1. Before Application of Brakes | <input type="checkbox"/> |
| | | 2. After Application of Brakes | <input type="checkbox"/> |
| | | 3. Before and After Application of Brakes | <input type="checkbox"/> |
| | | 4. No Visible Skid Mark/Tire Mark | <input checked="" type="checkbox"/> |

| Veh | Veh | Vehicle Body Type | V3 |
|-----|-----|---|-------------------------------------|
| 1 | 2 | 1. Passenger car | <input checked="" type="checkbox"/> |
| | | 2. Truck - Pick-up/Passenger Truck | <input type="checkbox"/> |
| | | 3. Van | <input type="checkbox"/> |
| | | 4. Truck - Single Unit Truck (2-Axles) | <input type="checkbox"/> |
| | | 7. Motor Home, Recreational Vehicle | <input type="checkbox"/> |
| | | 8. Special Vehicle - Oversized Vehicle/Earthmover/Road Equipment | <input type="checkbox"/> |
| | | 9. Bicycle | <input type="checkbox"/> |
| | | 10. Moped | <input type="checkbox"/> |
| | | 11. Motorcycle | <input type="checkbox"/> |
| | | 12. Emergency Vehicle (Regardless of Vehicle Type) | <input type="checkbox"/> |
| | | 13. Bus - School Bus | <input type="checkbox"/> |
| | | 14. Bus - City Transit Bus/Private/Owned Church Bus | <input type="checkbox"/> |
| | | 15. Bus - Commercial Bus | <input type="checkbox"/> |
| | | 16. Other (Scooter, Go-cart, Hearsa, Bookmobile, Golf Cart, etc.) | <input type="checkbox"/> |
| | | 18. Special Vehicle - Farm Machinery | <input type="checkbox"/> |
| | | 19. Special Vehicle - ATV | <input type="checkbox"/> |
| | | 21. Special Vehicle - Low-Speed Vehicle | <input type="checkbox"/> |
| | | 22. Truck - Sport Utility Vehicle (SUV) | <input type="checkbox"/> |
| | | 23. Truck - Single Unit Truck (3 Axles or More) | <input type="checkbox"/> |
| | | 25. Truck - Truck Tractor (Nodtail-No Trailer) | <input type="checkbox"/> |

| Veh | Veh | Vehicle Damage | V4 |
|-----|-----|------------------|-------------------------------------|
| 1 | 2 | 1. Unknown | <input type="checkbox"/> |
| | | 2. No damage | <input type="checkbox"/> |
| | | 3. Overturned | <input type="checkbox"/> |
| | | 4. Motor | <input type="checkbox"/> |
| | | 5. Undercarriage | <input type="checkbox"/> |
| | | 6. Totaled | <input checked="" type="checkbox"/> |
| | | 7. Fire | <input type="checkbox"/> |
| | | 8. Other | <input type="checkbox"/> |

| Veh | Veh | Vehicle Condition | V5 |
|-----|-----|----------------------------------|-------------------------------------|
| 1 | 2 | 1. No Defects | <input checked="" type="checkbox"/> |
| | | 2. Lights Defective | <input type="checkbox"/> |
| | | 3. Brakes Defective | <input type="checkbox"/> |
| | | 4. Steering Defective | <input type="checkbox"/> |
| | | 5. Puncture/Blowout | <input type="checkbox"/> |
| | | 6. Worn or Slick Tires | <input type="checkbox"/> |
| | | 7. Motor Trouble | <input type="checkbox"/> |
| | | 8. Chains In Use | <input type="checkbox"/> |
| | | 9. Other | <input type="checkbox"/> |
| | | 10. Vehicle Altered | <input type="checkbox"/> |
| | | 11. Mirrors Defective | <input type="checkbox"/> |
| | | 12. Power Train Defective | <input type="checkbox"/> |
| | | 13. Suspension Defective | <input type="checkbox"/> |
| | | 14. Windows/Windshield Defective | <input type="checkbox"/> |
| | | 15. Wipers Defective | <input type="checkbox"/> |
| | | 16. Wheels Defective | <input type="checkbox"/> |
| | | 17. Exhaust System | <input type="checkbox"/> |

| Veh | Veh | Special Function Motor Vehicle | V6 |
|-----|-----|-----------------------------------|-------------------------------------|
| 1 | 2 | 1. No Special Function | <input checked="" type="checkbox"/> |
| | | 2. Taxi | <input type="checkbox"/> |
| | | 3. School Bus (Public or Private) | <input type="checkbox"/> |
| | | 4. Transit Bus | <input type="checkbox"/> |
| | | 5. Intercity Bus | <input type="checkbox"/> |
| | | 6. Charter Bus | <input type="checkbox"/> |
| | | 7. Other Bus | <input type="checkbox"/> |
| | | 8. Military | <input type="checkbox"/> |
| | | 9. Police | <input type="checkbox"/> |
| | | 10. Ambulance | <input type="checkbox"/> |
| | | 11. Fire Truck | <input type="checkbox"/> |
| | | 12. Tow Truck | <input type="checkbox"/> |
| | | 13. Maintenance | <input type="checkbox"/> |
| | | 14. Unknown | <input type="checkbox"/> |

| Veh | Veh | EMV in service | V7 |
|-----|-----|----------------|-------------------------------------|
| 1 | 2 | 1. Yes | <input type="checkbox"/> |
| | | 2. No | <input checked="" type="checkbox"/> |

| Veh | Veh | Truck Cover | V8 |
|-----|-----|-------------|-------------------------------------|
| 1 | 2 | 1. Yes | <input type="checkbox"/> |
| | | 2. No | <input checked="" type="checkbox"/> |

CRASH

| | | | | |
|---------------------------------|--|-------------------------------------|--|---|
| Crash Date 10/26/2015 | MILITARY Time (24 hr clock) 0515 | County of Crash BOTETOURT | City of <input type="radio"/> Town of | Local Case Number D1V6157010246 |
|---------------------------------|--|-------------------------------------|--|---|

CRASH INFORMATION

| | | | |
|---|---|---|---|
| Location of First Harmful Event In Relation to Roadway C1 <ul style="list-style-type: none"> <input checked="" type="radio"/> 1. On Roadway <input type="radio"/> 2. Shoulder <input type="radio"/> 3. Median <input type="radio"/> 4. Roadside <input type="radio"/> 5. Gore <input type="radio"/> 6. Separator <input type="radio"/> 7. In Parking Lane or Zone <input type="radio"/> 8. Off Roadway, Location Unknown <input type="radio"/> 9. Outside Right-of-Way | Traffic Control Type C5 <ul style="list-style-type: none"> <input type="radio"/> 1. No Traffic Control <input type="radio"/> 2. Officer or Flagger <input type="radio"/> 3. Traffic Signal <input type="radio"/> 4. Stop Sign <input type="radio"/> 5. Slow or Warning Sign <input checked="" type="radio"/> 6. Traffic Lanes Marked <input type="radio"/> 7. No Passing Lines <input type="radio"/> 8. Yield Sign <input type="radio"/> 9. One Way Road or Street <input type="radio"/> 10. Railroad Crossing With Markings and Signs <input type="radio"/> 11. Railroad Crossing With Signals <input type="radio"/> 12. Railroad Crossing With Gate and Signals <input type="radio"/> 13. Other <input type="radio"/> 14. Pedestrian Crosswalk <input type="radio"/> 15. Reduced Speed - School Zone <input type="radio"/> 16. Reduced Speed - Work Zone <input type="radio"/> 17. Highway Safety Corridor | Roadway Description C9 <ul style="list-style-type: none"> <input type="radio"/> 1. Two-Way, Not Divided <input type="radio"/> 2. Two-Way, Divided, Unprotected Median <input checked="" type="radio"/> 3. Two-Way, Divided, Positive Median Barrier <input type="radio"/> 4. One-Way, Not Divided <input type="radio"/> 5. Unknown | Intersection Type C12 <ul style="list-style-type: none"> <input type="radio"/> 1. Not at Intersection <input type="radio"/> 2. Two Approaches <input type="radio"/> 3. Three Approaches <input type="radio"/> 4. Four Approaches <input type="radio"/> 5. Five-Point, or more <input type="radio"/> 6. Roundabout |
| Weather Condition C2 <ul style="list-style-type: none"> <input checked="" type="radio"/> 1. No Adverse Condition (Clear/Cloudy) <input type="radio"/> 3. Fog <input type="radio"/> 4. Mist <input type="radio"/> 5. Rain <input type="radio"/> 6. Snow <input type="radio"/> 7. Sleet/Hail <input type="radio"/> 8. Smoke/Dust <input type="radio"/> 9. Other <input type="radio"/> 10. Blowing Sand, Soil, Dirt, or Snow <input type="radio"/> 11. Severe Crosswinds | Roadway Alignment C6 <ul style="list-style-type: none"> <input checked="" type="radio"/> 1. Straight - Level <input type="radio"/> 2. Curve - Level <input type="radio"/> 3. Grade - Straight <input type="radio"/> 4. Grade - Curve <input type="radio"/> 5. Hillcrest - Straight <input type="radio"/> 6. Hillcrest - Curve <input type="radio"/> 7. Dip - Straight <input type="radio"/> 8. Dip - Curve <input type="radio"/> 9. Other <input type="radio"/> 10. On/Off Ramp | Roadway Defects C10 <ul style="list-style-type: none"> <input checked="" type="radio"/> 1. No Defects <input type="radio"/> 2. Holes, Ruts, Bumps <input type="radio"/> 3. Soft or Low Shoulder <input type="radio"/> 4. Under Repair <input type="radio"/> 5. Loose Material <input type="radio"/> 6. Restricted Width <input type="radio"/> 7. Stick Pavement <input type="radio"/> 8. Roadway Obstructed <input type="radio"/> 9. Other <input type="radio"/> 10. Edge Pavement Drop Off | Work Zone C13 <ul style="list-style-type: none"> <input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No |
| Light Conditions C3 <ul style="list-style-type: none"> <input type="radio"/> 1. Dawn <input type="radio"/> 2. Daylight <input type="radio"/> 3. Dusk <input type="radio"/> 4. Darkness - Road Lighted <input checked="" type="radio"/> 5. Darkness - Road Not Lighted <input type="radio"/> 6. Darkness - Unknown Road Lighting <input type="radio"/> 7. Unknown | Roadway Surface Condition C7 <ul style="list-style-type: none"> <input checked="" type="radio"/> 1. Dry <input type="radio"/> 2. Wet <input type="radio"/> 3. Snowy <input type="radio"/> 4. Icy <input type="radio"/> 5. Muddy <input type="radio"/> 6. Oil/Other Fluids <input type="radio"/> 7. Other <input type="radio"/> 8. Natural Debris <input type="radio"/> 9. Water (Standing, Moving) <input type="radio"/> 10. Slush <input type="radio"/> 11. Sand, Dirt, Gravel | Relation to Roadway C11 Interchange Area: <ul style="list-style-type: none"> <input type="radio"/> 1. Main-Line Roadway <input type="radio"/> 2. Acceleration/Deceleration Lanes <input type="radio"/> 3. Gore Area (Between Ramp and Highway Edgelines) <input type="radio"/> 4. Collector/Distributor Road <input checked="" type="radio"/> 5. On Entrance/Exit Ramp <input type="radio"/> 6. Intersection at end of Ramp <input type="radio"/> 7. Other location not listed above within an interchange area (median, shoulder and roadside) | Work Zone Location C15 <ul style="list-style-type: none"> <input type="radio"/> 1. Advance Warning Area <input type="radio"/> 2. Transition Area <input type="radio"/> 3. Activity Area <input type="radio"/> 4. Termination Area |
| Traffic Control Device C4 <ul style="list-style-type: none"> <input checked="" type="radio"/> 1. Yes - Working <input type="radio"/> 2. Yes - Working and Obscured <input type="radio"/> 3. Yes - Not Working <input type="radio"/> 4. Yes - Not Working and Obscured <input type="radio"/> 5. Yes - Missing <input type="radio"/> 6. No Traffic Control Device Present | Roadway Surface Type C8 <ul style="list-style-type: none"> <input checked="" type="radio"/> 1. Concrete <input type="radio"/> 2. Blacktop, Asphalt, Bituminous <input type="radio"/> 3. Brick or Block <input type="radio"/> 4. Slag, Gravel, Stone <input type="radio"/> 5. Dirt <input type="radio"/> 6. Other | Intersection Area: <ul style="list-style-type: none"> <input type="radio"/> 8. Non-Intersection <input type="radio"/> 9. Within Intersection <input type="radio"/> 10. Intersection-Related - Within 150' <input type="radio"/> 11. Intersection-Related - Outside 150' Other Location: <ul style="list-style-type: none"> <input type="radio"/> 12. Crossover Related <input type="radio"/> 13. Driveway, Alley Access - Related <input type="radio"/> 14. Railway Grade Crossing <input type="radio"/> 15. Other Crossing (Crossings for Bikes, School, etc.) | Work Zone Type C16 <ul style="list-style-type: none"> <input type="radio"/> 1. Lane Closure <input type="radio"/> 2. Lane Shift/Crossover <input type="radio"/> 3. Work on Shoulder or Median <input type="radio"/> 4. Intermittent or Moving Work <input type="radio"/> 5. Other |
| | | School Zone C17 <ul style="list-style-type: none"> <input type="radio"/> 1. Yes <input type="radio"/> 2. Yes - With School Activity <input checked="" type="radio"/> 3. No | Type of Collision C18 <ul style="list-style-type: none"> <input checked="" type="radio"/> 1. Rear End <input type="radio"/> 2. Angle <input type="radio"/> 3. Head On <input type="radio"/> 4. Sideswipe - Same Direction <input type="radio"/> 5. Sideswipe - Opposite Direction <input type="radio"/> 6. Fixed Object In Road <input type="radio"/> 7. Train <input type="radio"/> 8. Non-Collision <input type="radio"/> 9. Fixed Object - Off Road <input type="radio"/> 10. Deer <input type="radio"/> 11. Other Animal <input type="radio"/> 12. Pedestrian <input type="radio"/> 13. Backed Into <input type="radio"/> 16. Other |

| | | | | | | | | |
|--------------|--|------------------------------|--|---|---------------------------------|----------------------------------|----------------------------------|---------------------------------------|
| CRASH | | Crash Date 10/26/2015 | | MILITARY Time (24 hr clock) 0515 | County of Crash BOTETOWN | City of <input type="checkbox"/> | Town of <input type="checkbox"/> | Local Case Number D10615109246 |
|--------------|--|------------------------------|--|---|---------------------------------|----------------------------------|----------------------------------|---------------------------------------|

VEHICLE # **1**
Fill In Impact Area(s).
Initial Impact. **11**

| | | |
|----|----|---|
| 11 | 12 | 1 |
| 10 | 13 | 2 |
| 9 | | 3 |
| 8 | | 4 |
| 7 | | 5 |
| 6 | | |

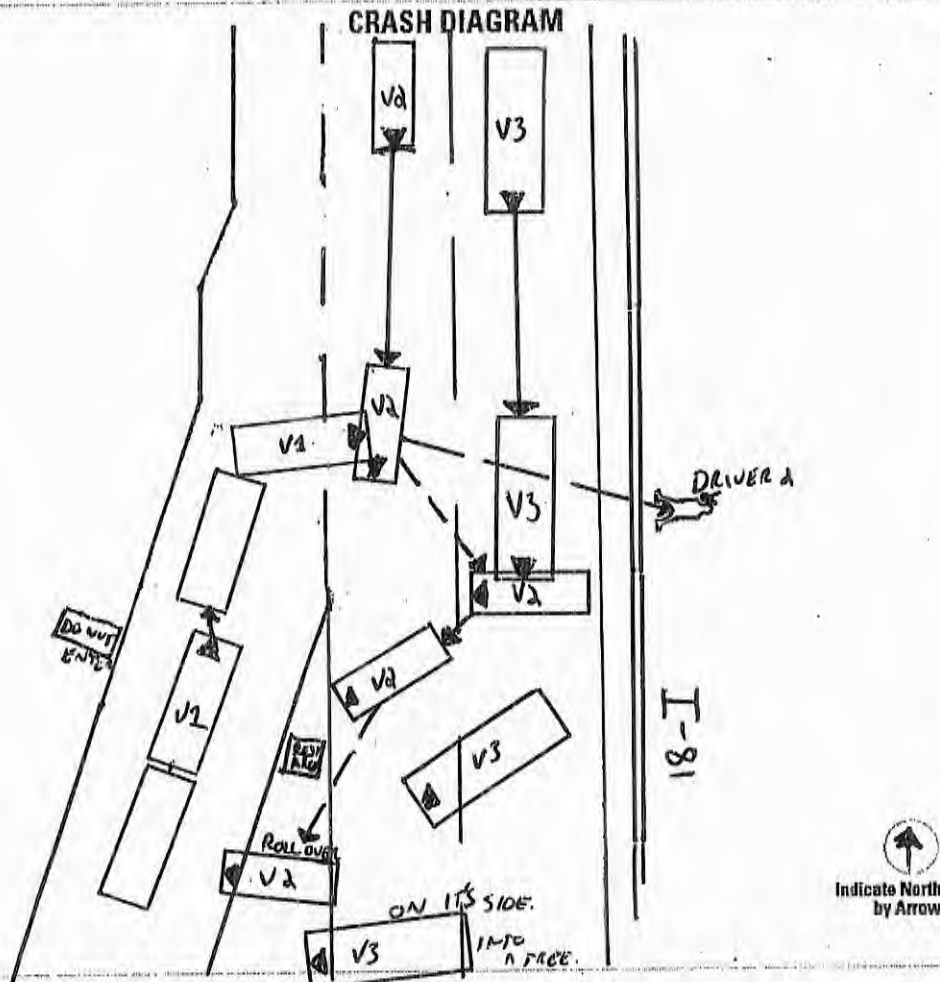
Veh Dir of Travel-N/S/E/W

VEHICLE # **2**
Fill In Impact Area(s).
Initial Impact. **1**

| | | |
|----|----|---|
| 11 | 12 | 1 |
| 10 | 13 | 2 |
| 9 | | 3 |
| 8 | | 4 |
| 7 | | 5 |
| 6 | | |

Veh Dir of Travel-N/S/E/W

CRASH DIAGRAM



VEHICLE # **3**
Fill In Impact Area(s).
Initial Impact. **12**

| | | |
|----|----|---|
| 11 | 12 | 1 |
| 10 | 13 | 2 |
| 9 | | 3 |
| 8 | | 4 |
| 7 | | 5 |
| 6 | | |

Veh Dir of Travel-N/S/E/W

VEHICLE # **4**
Fill In Impact Area(s).
Initial Impact. **1**

| | | |
|----|----|---|
| 11 | 12 | 1 |
| 10 | 13 | 2 |
| 9 | | 3 |
| 8 | | 4 |
| 7 | | 5 |
| 6 | | |

Veh Dir of Travel-N/S/E/W

DAMAGE TO PROPERTY OTHER THAN VEHICLES

| | | | | |
|---------------------|-----------------------------------|--|-----------------------------|---------------|
| Approx. Repair Cost | Object Struck (Tree, Fence, etc.) | Property Owners Name (Last, First, Middle) | Address (Street and Number) | VDOT Property |
|---------------------|-----------------------------------|--|-----------------------------|---------------|

CRASH DESCRIPTION

VI WAS IN THE REST AREA. V2 & V3 WAS TRAVELING SOUTH ON 281
VI EXITED THE REST AREA THE WRONG WAY. VI STRUCK V2. V2 THEN
STRUCK V3.

CRASH EVENTS

| Vehicle # | First Event | Second Event | Third Event | Fourth Event | Most Harmful Event |
|-----------|-------------|--------------|-------------|--------------|--------------------|
| 1 | 20 | | | | 20 |
| 2 | 20 | 20 | 30 | | 20 |
| Vehicle # | First Event | Second Event | Third Event | Fourth Event | Most Harmful Event |
| 3 | 20 | 2 | | | 20 |
| Vehicle # | First Event | Second Event | Third Event | Fourth Event | Most Harmful Event |
| 4 | 20 | | | | 20 |

First Harmful Event of Entire Crash that Results in First Injury or Damage.

20

COLLISION WITH FIXED OBJECT

- Bank Or Lodge
- Trees
- Utility Pole
- Fence Or Post
- Guard Rail
- Parked Vehicle
- Tunnel, Bridge, Underpass, Culvert, etc.
- Sign, Traffic Signal
- Impact Cushioning Device
- Other
- Jersey Wall
- Building/Structure
- Curb
- Ditch
- Other Fixed Object
- Other Traffic Barrier
- Traffic Sign Support
- Mailbox

COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT

- Pedestrian
- Motor Vehicle In Transport
- Train
- Bicycle
- Animal
- Work Zone
- Maintenance Equipment
- Other Movable Object
- Unknown Movable Object
- Other

NON-COLLISION

- Ran Off Road
- Jack Knife
- Overturn (Rollover)
- Downhill Runaway
- Cargo Loss or Shift
- Explosion or Fire
- Separation of Units
- Cross Median
- Cross Centerline
- Equipment Failure (Tire, etc)
- Immersion
- Fell/Jumped From Vehicle
- Thrown or Falling Object
- Non-Collision Unknown
- Other Non-Collision

WRECKER CALLED

VEHICLE STORED

FIRM _____

DATE CALLED: _____ TIME CALLED: _____

REQUEST OWNER/OPERATOR: _____

NEAREST: YES _____ NO _____

WITNESS NAME: WITNESS STATEMENTS ON

ADDRESS: SEPARATE PAPER.

LOCATION: _____

STATEMENT: UNABLE

WITNESS NAME: _____

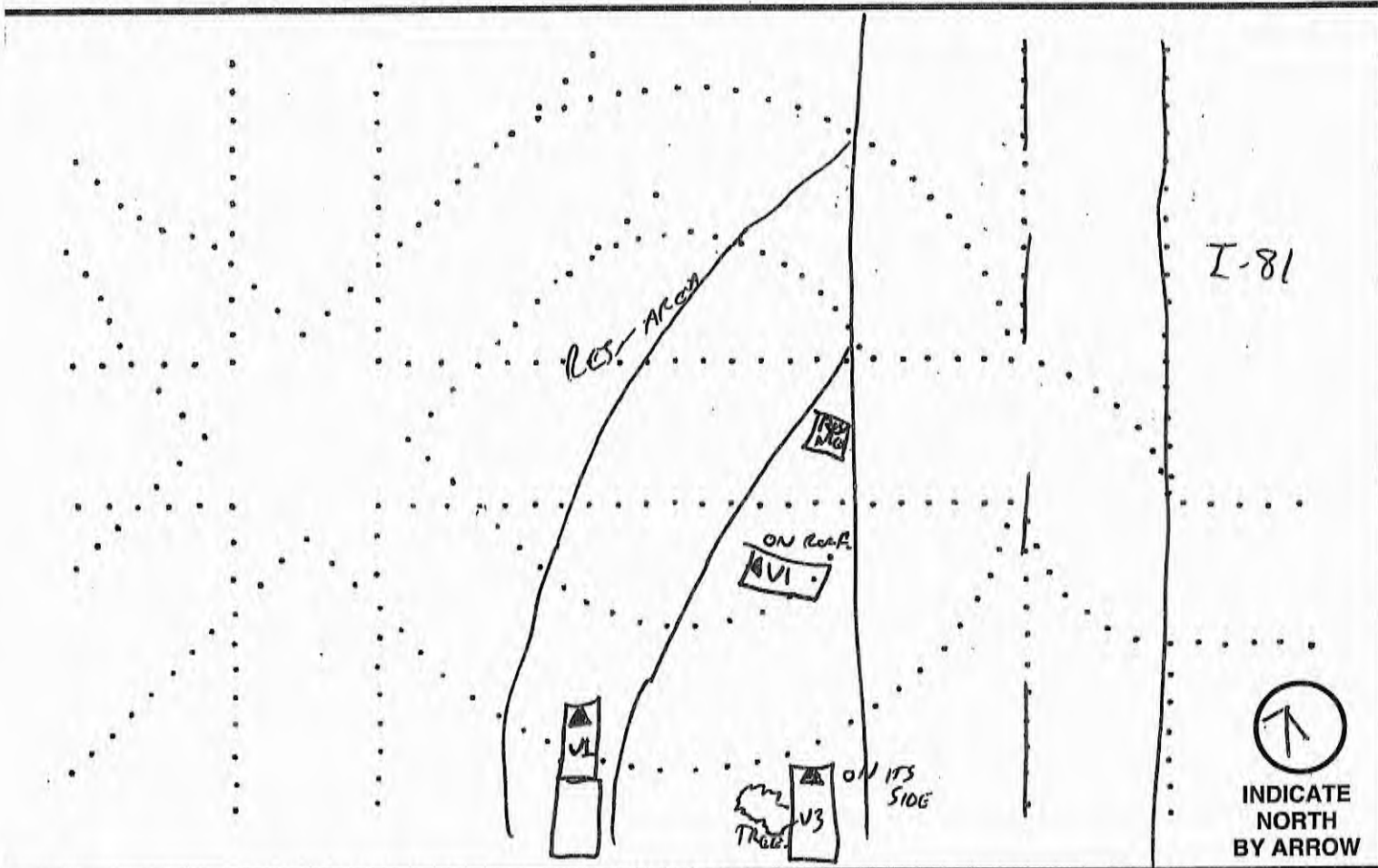
ADDRESS: _____

LOCATION: _____

STATEMENT: UNABLE TO GET STATEMENT
DUE TO INJURY.

STATEMENT OF OPERATOR NUMBER _____

STATEMENT OF OPERATOR NUMBER _____



INVESTIGATION DETAILS

DATE: 10/26/15 TIME NOTIFIED: 0540 TIME OF ARRIVAL: 0552

DRIVER 2 TAKEN TO RM 4 AS SOON AS 2 ARRIVED.

DRIVER 3, UNCONCIOUS. FLOWN TO RM 4.

MARTINEZ STATEMENT IS ON MY VIDEO.

Commonwealth of Virginia • Department of Motor Vehicles
Police Crash Report



(Rev 4/9/12)

Revised Report ☐

Page 5 of 9

| | | | | | | | | | | | | | | |
|---|----|----|------|-------------|----------------------------------|-----------------|--|-----------|--|---|--|--|--|--|
| CRASH | | | | GPS Lat. | | | | GPS Long. | | | | | | |
| Crash Date | MM | DD | YYYY | Day of Week | MILITARY Time (24 hr clock) | County of Crash | | | | Official DMV Use | | | | |
| <input type="radio"/> City of <input type="radio"/> Town of Location of Crash (route/street) | | | | | Landmarks at Scene | | | | | Railroad Crossing ID no. (if within 150 ft.) Local Case Number | | | | |
| <input type="radio"/> At Intersection With or <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="radio"/> N <input type="radio"/> S <input type="radio"/> E <input type="radio"/> W of | | | | | Location of Crash (route/street) | | | | | Mile Marker Number Number of Vehicles | | | | |

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|---|--|
| VEHICLE # 3 | | | | | | | | | | | |
| DRIVER | | | | | | | | | | | |
| Driver's Name (Last, First, Middle) | | | | | | | | | | Driver Fled Scene <input type="radio"/> | |
| SHIFFLETT, ANTHONY RAY | | | | | | | | | | Gender <input checked="" type="radio"/> M <input type="radio"/> F | |
| Address (Street and Number) | | | | | | | | | | | |
| Confidential | | | | | | | | | | | |
| City | | | | | | | | | | | |
| Confidential | | | | | | | | | | | |
| State | | | | | | | | | | | |
| Confidential | | | | | | | | | | | |
| Birth Date | | | | | | | | | | | |
| Confidential | | | | | | | | | | | |
| Drivers License Number | | | | | | | | | | | |
| Confidential | | | | | | | | | | | |
| State | | | | | | | | | | | |
| DL <input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> CDL <input type="radio"/> Y <input type="radio"/> N | | | | | | | | | | | |
| Safety Equip. Used | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| Air Bag | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| Ejected | | | | | | | | | | | |
| 1 | | | | | | | | | | | |
| Date of Death | | | | | | | | | | | |
| MM DD YYYY | | | | | | | | | | | |
| Injury Type | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| EMS Transport | | | | | | | | | | | |
| <input checked="" type="radio"/> Y <input type="radio"/> N | | | | | | | | | | | |
| Summons Issued As Result of Crash | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| Offenses Charged to Driver | | | | | | | | | | | |
| | | | | | | | | | | | |
| VEHICLE | | | | | | | | | | | |
| Vehicle Owner's Name (Last, First, Middle) | | | | | | | | | | Same as Driver <input type="radio"/> | |
| CT WWM INC | | | | | | | | | | | |
| Address (Street and Number) | | | | | | | | | | | |
| Confidential | | | | | | | | | | | |
| City | | | | | | | | | | | |
| Confidential | | | | | | | | | | | |
| State | | | | | | | | | | | |
| Confidential | | | | | | | | | | | |
| ZIP | | | | | | | | | | | |
| Confidential | | | | | | | | | | | |
| Vehicle Year | | | | | | | | | | | |
| 2007 | | | | | | | | | | | |
| Vehicle Make | | | | | | | | | | | |
| | | | | | | | | | | | |
| Vehicle Model | | | | | | | | | | | |
| | | | | | | | | | | | |
| Disabled | | | | | | | | | | | |
| <input type="radio"/> Y <input checked="" type="radio"/> N | | | | | | | | | | | |
| CMV | | | | | | | | | | | |
| <input type="radio"/> Y <input checked="" type="radio"/> N | | | | | | | | | | | |
| Towed | | | | | | | | | | | |
| <input type="radio"/> Y <input checked="" type="radio"/> N | | | | | | | | | | | |
| Vehicle Plate Number | | | | | | | | | | | |
| TX 157469 | | | | | | | | | | | |
| State | | | | | | | | | | | |
| VA | | | | | | | | | | | |
| Approximate Repair Cost | | | | | | | | | | | |
| 15,000 | | | | | | | | | | | |
| VIN | | | | | | | | | | | |
| SPVNE8JV372550623 | | | | | | | | | | | |
| Name of Insurance Company (not agent) | | | | | | | | | | | |
| FCCI INSURANCE | | | | | | | | | | | |
| Speed Before Crash | | | | | | | | | | | |
| 60 | | | | | | | | | | | |
| Speed Limit | | | | | | | | | | | |
| 70 | | | | | | | | | | | |
| Maximum Safe Speed | | | | | | | | | | | |
| 70 | | | | | | | | | | | |
| Under 8 | | | | | | | | | | | |
| ALL Passengers Age Count | | | | | | | | | | | |
| 8-17 18-21 Over 21 | | | | | | | | | | | |

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| VEHICLE # | | | | | | | | | | | |
| DRIVER | | | | | | | | | | | |
| Driver's Name (Last, First, Middle) | | | | | | | | | | Driver Fled Scene <input type="radio"/> | |
| | | | | | | | | | | Gender <input type="radio"/> M <input type="radio"/> F | |
| Address (Street and Number) | | | | | | | | | | | |
| | | | | | | | | | | | |
| City | | | | | | | | | | | |
| | | | | | | | | | | | |
| State | | | | | | | | | | | |
| | | | | | | | | | | | |
| ZIP | | | | | | | | | | | |
| | | | | | | | | | | | |
| Birth Date | | | | | | | | | | | |
| | | | | | | | | | | | |
| Drivers License Number | | | | | | | | | | | |
| | | | | | | | | | | | |
| State | | | | | | | | | | | |
| DL <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> CDL <input type="radio"/> Y <input type="radio"/> N | | | | | | | | | | | |
| Safety Equip. Used | | | | | | | | | | | |
| | | | | | | | | | | | |
| Air Bag | | | | | | | | | | | |
| | | | | | | | | | | | |
| Ejected | | | | | | | | | | | |
| | | | | | | | | | | | |
| Date of Death | | | | | | | | | | | |
| MM DD YYYY | | | | | | | | | | | |
| Injury Type | | | | | | | | | | | |
| | | | | | | | | | | | |
| EMS Transport | | | | | | | | | | | |
| <input type="radio"/> Y <input type="radio"/> N | | | | | | | | | | | |
| Summons Issued As Result of Crash | | | | | | | | | | | |
| | | | | | | | | | | | |
| Offenses Charged to Driver | | | | | | | | | | | |
| | | | | | | | | | | | |
| VEHICLE | | | | | | | | | | | |
| Vehicle Owner's Name (Last, First, Middle) | | | | | | | | | | Same as Driver <input type="radio"/> | |
| | | | | | | | | | | | |
| Address (Street and Number) | | | | | | | | | | | |
| Confidential | | | | | | | | | | | |
| City | | | | | | | | | | | |
| Confidential | | | | | | | | | | | |
| State | | | | | | | | | | | |
| Confidential | | | | | | | | | | | |
| ZIP | | | | | | | | | | | |
| Confidential | | | | | | | | | | | |
| Vehicle Year | | | | | | | | | | | |
| | | | | | | | | | | | |
| Vehicle Make | | | | | | | | | | | |
| | | | | | | | | | | | |
| Vehicle Model | | | | | | | | | | | |
| | | | | | | | | | | | |
| Disabled | | | | | | | | | | | |
| <input type="radio"/> Y <input checked="" type="radio"/> N | | | | | | | | | | | |
| CMV | | | | | | | | | | | |
| <input type="radio"/> Y <input checked="" type="radio"/> N | | | | | | | | | | | |
| Towed | | | | | | | | | | | |
| <input type="radio"/> Y <input checked="" type="radio"/> N | | | | | | | | | | | |
| Vehicle Plate Number | | | | | | | | | | | |
| | | | | | | | | | | | |
| State | | | | | | | | | | | |
| | | | | | | | | | | | |
| Approximate Repair Cost | | | | | | | | | | | |
| | | | | | | | | | | | |
| VIN | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of Insurance Company (not agent) | | | | | | | | | | | |
| | | | | | | | | | | | |
| Speed Before Crash | | | | | | | | | | | |
| | | | | | | | | | | | |
| Speed Limit | | | | | | | | | | | |
| | | | | | | | | | | | |
| Maximum Safe Speed | | | | | | | | | | | |
| | | | | | | | | | | | |
| Under 8 | | | | | | | | | | | |
| ALL Passengers Age Count | | | | | | | | | | | |
| 8-17 18-21 Over 21 | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|---|--|---|--|
| PASSENGER (only if injured or killed) | | | | | | | | | | | | | |
| Name of Injured (Last, First, Middle) | | | | | | | | | | EMS Transport | | Date of Death | |
| | | | | | | | | | | <input type="radio"/> Y <input type="radio"/> N | | MM DD YY | |
| Position In/On Vehicle | | | | | | | | | | Safety Equip Used | | Airbag | |
| | | | | | | | | | | <input type="radio"/> Y <input type="radio"/> N | | <input type="radio"/> Y <input type="radio"/> N | |
| Injury Type | | | | | | | | | | Birthdate | | Gender | |
| | | | | | | | | | | MM DD YYYY | | <input type="radio"/> M <input type="radio"/> F | |
| Name of Injured (Last, First, Middle) | | | | | | | | | | EMS Transport | | Date of Death | |
| | | | | | | | | | | <input type="radio"/> Y <input type="radio"/> N | | MM DD YY | |
| Position In/On Vehicle | | | | | | | | | | Safety Equip Used | | Airbag | |
| | | | | | | | | | | <input type="radio"/> Y <input type="radio"/> N | | <input type="radio"/> Y <input type="radio"/> N | |
| Injury Type | | | | | | | | | | Birthdate | | Gender | |
| | | | | | | | | | | MM DD YYYY | | <input type="radio"/> M <input type="radio"/> F | |
| Name of Injured (Last, First, Middle) | | | | | | | | | | EMS Transport | | Date of Death | |
| | | | | | | | | | | <input type="radio"/> Y <input type="radio"/> N | | MM DD YY | |
| Position In/On Vehicle | | | | | | | | | | Safety Equip Used | | Airbag | |
| | | | | | | | | | | <input type="radio"/> Y <input type="radio"/> N | | <input type="radio"/> Y <input type="radio"/> N | |
| Injury Type | | | | | | | | | | Birthdate | | Gender | |
| | | | | | | | | | | MM DD YYYY | | <input type="radio"/> M <input type="radio"/> F | |

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|---|--|---|--|
| PASSENGER (only if injured or killed) | | | | | | | | | | | | | |
| Name of Injured (Last, First, Middle) | | | | | | | | | | EMS Transport | | Date of Death | |
| | | | | | | | | | | <input type="radio"/> Y <input type="radio"/> N | | MM DD YY | |
| Position In/On Vehicle | | | | | | | | | | Safety Equip Used | | Airbag | |
| | | | | | | | | | | <input type="radio"/> Y <input type="radio"/> N | | <input type="radio"/> Y <input type="radio"/> N | |
| Injury Type | | | | | | | | | | Birthdate | | Gender | |
| | | | | | | | | | | MM DD YYYY | | <input type="radio"/> M <input type="radio"/> F | |
| Name of Injured (Last, First, Middle) | | | | | | | | | | EMS Transport | | Date of Death | |
| | | | | | | | | | | <input type="radio"/> Y <input type="radio"/> N | | MM DD YY | |
| Position In/On Vehicle | | | | | | | | | | Safety Equip Used | | Airbag | |
| | | | | | | | | | | <input type="radio"/> Y <input type="radio"/> N | | <input type="radio"/> Y <input type="radio"/> N | |
| Injury Type | | | | | | | | | | Birthdate | | Gender | |
| | | | | | | | | | | MM DD YYYY | | <input type="radio"/> M <input type="radio"/> F | |
| Name of Injured (Last, First, Middle) | | | | | | | | | | EMS Transport | | Date of Death | |
| | | | | | | | | | | <input type="radio"/> Y <input type="radio"/> N | | MM DD YY | |
| Position In/On Vehicle | | | | | | | | | | Safety Equip Used | | Airbag | |
| | | | | | | | | | | <input type="radio"/> Y <input type="radio"/> N | | <input type="radio"/> Y <input type="radio"/> N | |
| Injury Type | | | | | | | | | | Birthdate | | Gender | |
| | | | | | | | | | | MM DD YYYY | | <input type="radio"/> M <input type="radio"/> F | |

| | | | | | | |
|------------------|--|--|--|--|--|---|
| Codes | | POSITION IN/ON VEHICLE 1. Driver 2-6. Passengers 7. Cargo Area 8. Riding/Hanging On Outside 9-98. All Other Passengers | SAFETY EQUIPMENT USED 1. Lap Belt Only 2. Shoulder Belt Only 3. Lap and Shoulder Belt 4. Child Restraint 5. Helmet 6. Other 7. Booster Seat 8. No Restraint Used 9. Not Applicable | AIRBAG 1. Deployed - Front 2. Not Deployed 3. Unavailable/Not Applicable 4. Keyed Off 5. Unknown 6. Deployed - Side 7. Deployed - Other (Knee, Air Bell, etc.) 8. Deployed - Combination | EJECTED FROM VEHICLE 1. Not Ejected 2. Partially Ejected 3. Totally Ejected SUMMONS ISSUED AS A RESULT OF CRASH 1. Yes 2. No 3. Pending | INJURY TYPE 1. Dead 2. Serious Injury 3. Minor/Possible Injury 4. No Apparent Injury 5. No Injury (driver only) |
|------------------|--|--|--|--|--|---|

| | | | | | | | |
|--------------|--|------------|--|--------------------------|-----------------|---------|-------------------|
| CRASH | | Crash Date | | Crash Time (24 hr clock) | County of Crash | City of | Local Case Number |
| 10/26/2011 | | 0515 | | BOTETOWN | | | DIV 615129246 |

DRIVER INFORMATION

| Veh | Veh | Veh | Veh |
|---|-----|--|-----|
| 3 | | 3 | |
| Driver's Action P1 | | Driver Vision Obscured P3 | |
| <input checked="" type="radio"/> 1. No Improper Action <input type="radio"/> 2. Exceeded Speed Limit <input type="radio"/> 3. Exceeded Safe Speed But Not Speed Limit <input type="radio"/> 4. Overtaking On Hill <input type="radio"/> 5. Overtaking On Curve <input type="radio"/> 6. Overtaking at Intersection <input type="radio"/> 7. Improper Passing of School Bus <input type="radio"/> 8. Cutting In <input type="radio"/> 9. Other Improper Passing <input type="radio"/> 10. Wrong Side of Road - Not Overtaking <input type="radio"/> 11. Did Not Have Right-of-Way <input type="radio"/> 12. Following Too Close <input type="radio"/> 13. Fail to Signal or Improper Signal <input type="radio"/> 14. Improper Turn - Wide Right Turn <input type="radio"/> 15. Improper Turn - Cut Corner on Left Turn <input type="radio"/> 16. Improper Turn From Wrong Lane <input type="radio"/> 17. Other Improper Turn <input type="radio"/> 18. Improper Backing <input type="radio"/> 19. Improper Start From Parked Position <input type="radio"/> 20. Disregarded Officer or Flagger <input type="radio"/> 21. Disregarded Traffic Signal <input type="radio"/> 22. Disregarded Stop or Yield Sign <input type="radio"/> 24. Fail to Stop at Through High way - No Sign <input type="radio"/> 25. Drive Through Work Zone <input type="radio"/> 26. Fail to Set Out Flares or Flags <input type="radio"/> 27. Fail to Dim Headlights <input type="radio"/> 28. Driving Without Lights <input type="radio"/> 29. Improper Parking Location <input type="radio"/> 30. Avoiding Pedestrian <input type="radio"/> 31. Avoiding Other Vehicle <input type="radio"/> 32. Avoiding Animal <input type="radio"/> 33. Crowded On Highway <input type="radio"/> 34. Hit and Run <input type="radio"/> 35. Car Ran Away - No Driver <input type="radio"/> 36. Blinded by Headlights <input type="radio"/> 37. Other <input type="radio"/> 38. Avoiding Object in Roadway <input type="radio"/> 39. Eluding Police <input type="radio"/> 40. Fail to Maintain Proper Control <input type="radio"/> 41. Improper Passing <input type="radio"/> 42. Improper or Unsafe Lane Change <input type="radio"/> 43. Over Correction | | <input checked="" type="radio"/> 1. Not Obscured <input type="radio"/> 2. Rain, Snow, etc. on Windshield <input type="radio"/> 3. Windshield Otherwise Obscured <input type="radio"/> 4. Vision Obscured by Load on Vehicle <input type="radio"/> 5. Trees, Crops, etc. <input type="radio"/> 6. Building <input type="radio"/> 7. Embankment <input type="radio"/> 8. Sign or Signboard <input type="radio"/> 9. Hillcrest <input type="radio"/> 10. Parked Vehicle(s) <input type="radio"/> 11. Moving Vehicle(s) <input type="radio"/> 12. Sun or Headlight Glare <input type="radio"/> 13. Other <input type="radio"/> 14. Blind Spot <input type="radio"/> 15. Smoke/Dust <input type="radio"/> 16. Stopped Vehicle(s) | |
| | | Type of Driver Distractions P4 | |
| | | <input type="radio"/> 1. Looking at Roadside Incident <input type="radio"/> 2. Driver Fatigue <input type="radio"/> 3. Looking at Scenery <input type="radio"/> 4. Passenger(s) <input type="radio"/> 5. Radio/CD, etc. <input type="radio"/> 6. Cell Phone <input type="radio"/> 7. Eyes Not on Road <input type="radio"/> 8. Daydreaming <input type="radio"/> 9. Eating/Drinking <input type="radio"/> 10. Adjusting Vehicle Controls <input type="radio"/> 11. Other <input type="radio"/> 12. Navigation Device <input type="radio"/> 13. Texting <input type="radio"/> 14. No Driver Distraction | |
| | | Drinking P5 | |
| | | <input type="radio"/> 1. Had Not Been Drinking <input type="radio"/> 2. Drinking - Obviously Drunk <input type="radio"/> 3. Drinking - Ability Impaired <input type="radio"/> 4. Drinking - Ability Not Impaired <input type="radio"/> 5. Drinking - Not Known Whether Impaired <input type="radio"/> 6. Unknown | |
| | | Method of Alcohol Determination (by police) P6 | |
| | | <input type="radio"/> 1. Blood <input type="radio"/> 2. Breath <input type="radio"/> 3. Refused <input type="radio"/> 4. No Test | |

VEHICLE INFORMATION

| Veh | Veh | Veh | Veh |
|--|-----|---|-----|
| 3 | | 3 | |
| Vehicle Maneuver V1 | | Vehicle Damage V4 | |
| <input checked="" type="radio"/> 1. Going Straight Ahead <input type="radio"/> 2. Making Right Turn <input type="radio"/> 3. Making Left Turn <input type="radio"/> 4. Making U-Turn <input type="radio"/> 5. Slowing or Stopping <input type="radio"/> 6. Merging Into Traffic Lane <input type="radio"/> 7. Starting From Parked Position <input type="radio"/> 8. Stopped in Traffic Lane <input type="radio"/> 9. Ran Off Road - Right <input type="radio"/> 10. Ran Off Road - Left <input type="radio"/> 11. Parked <input type="radio"/> 12. Backing <input type="radio"/> 13. Passing <input type="radio"/> 14. Changing Lanes <input type="radio"/> 15. Other <input type="radio"/> 16. Entering Street From Parking Lot | | <input type="radio"/> 1. Unknown <input type="radio"/> 2. No damage <input type="radio"/> 3. Overturned <input type="radio"/> 4. Motor <input type="radio"/> 5. Undercarriage <input checked="" type="radio"/> 6. Totalled <input type="radio"/> 7. Fire <input type="radio"/> 8. Other | |
| | | Vehicle Condition V5 | |
| | | <input checked="" type="radio"/> 1. No Defects <input type="radio"/> 2. Lights Defective <input type="radio"/> 3. Brakes Defective <input type="radio"/> 4. Steering Defective <input type="radio"/> 5. Puncture/Blowout <input type="radio"/> 6. Worn or Slick Tires <input type="radio"/> 7. Motor Trouble <input type="radio"/> 8. Chains In Use <input type="radio"/> 9. Other <input type="radio"/> 10. Vehicle Altered <input type="radio"/> 11. Mirrors Defective <input type="radio"/> 12. Power Train Defective <input type="radio"/> 13. Suspension Defective <input type="radio"/> 14. Windows/Windshield Defective <input type="radio"/> 15. Wipers Defective <input type="radio"/> 16. Wheels Defective <input type="radio"/> 17. Exhaust System | |
| | | Skidding Tire/Mark V2 | |
| | | <input checked="" type="radio"/> 1. Before Application of Brakes <input type="radio"/> 2. After Application of Brakes <input type="radio"/> 3. Before and After Application of Brakes <input type="radio"/> 4. No Visible Skid Mark/Tire Mark | |
| | | Vehicle Body Type V3 | |
| | | <input checked="" type="radio"/> 1. Passenger car <input type="radio"/> 2. Truck - Pick-up/Passenger Truck <input type="radio"/> 3. Van <input type="radio"/> 4. Truck - Single Unit Truck (2-Axles) <input type="radio"/> 7. Motor Home, Recreational Vehicle <input type="radio"/> 8. Special Vehicle - Oversized Vehicle/Earthmover/Road Equipment <input type="radio"/> 9. Bicycle <input type="radio"/> 10. Moped <input type="radio"/> 11. Motorcycle <input type="radio"/> 12. Emergency Vehicle (Regardless of Vehicle Type) <input type="radio"/> 13. Bus - School Bus <input type="radio"/> 14. Bus - City Transit Bus/Private Owned Church Bus <input type="radio"/> 15. Bus - Commercial Bus <input type="radio"/> 16. Other (Scooter, Go-cart, Hearse, Bookmobile, Golf Cart, etc.) <input type="radio"/> 18. Special Vehicle - Farm Machinery <input type="radio"/> 19. Special Vehicle - ATV <input type="radio"/> 21. Special Vehicle - Low-Speed Vehicle <input type="radio"/> 22. Truck - Sport Utility Vehicle (SUV) <input type="radio"/> 23. Truck - Single Unit Truck (3 Axles or More) <input type="radio"/> 25. Truck - Truck Tractor (Bobtail-No Trailer) | |
| | | Special Function Motor Vehicle V6 | |
| | | <input checked="" type="radio"/> 1. No Special Function <input type="radio"/> 2. Taxi <input type="radio"/> 3. School Bus (Public or Private) <input type="radio"/> 4. Transit Bus <input type="radio"/> 5. Intercity Bus <input type="radio"/> 6. Charter Bus <input type="radio"/> 7. Other Bus <input type="radio"/> 8. Military <input type="radio"/> 9. Police <input type="radio"/> 10. Ambulance <input type="radio"/> 11. Fire Truck <input type="radio"/> 12. Tow Truck <input type="radio"/> 13. Maintenance <input type="radio"/> 14. Unknown | |
| | | EMV in service V7 | |
| | | <input checked="" type="radio"/> 1. Yes <input type="radio"/> 2. No | |
| | | Truck Cover V8 | |
| | | <input checked="" type="radio"/> 1. Yes <input type="radio"/> 2. No | |

Condition of Driver Contributing to the Crash P2

- ☒ 1. No Defects
☐ 2. Eyesight Defective
☐ 3. Hearing Defective
☐ 4. Other Body Defects
☐ 5. Illness
☐ 6. Fatigue
☐ 7. Apparently Asleep
☐ 8. Other

Drug Use P7

- ☐ 1. Yes
☐ 2. No
☐ 3. Unknown

CRASH

| | | | | |
|-----------------------|-----------------------------|-----------------|--------------------|-------------------|
| Crash Date 10/1/11 | MILITARY Time (24 hr clock) | County of Crash | City of Town of | Local Case Number |
|-----------------------|-----------------------------|-----------------|--------------------|-------------------|

CRASH INFORMATION**Location of First Harmful Event in Relation to Roadway C1**

- ☒ 1. On Roadway
☐ 2. Shoulder
☐ 3. Median
☐ 4. Roadside
☐ 5. Gore
☐ 6. Separator
☐ 7. In Parking Lane or Zone
☐ 8. Off Roadway, Location Unknown
☐ 9. Outside Right-of-Way

Weather Condition C2

- ☐ 1. No Adverse Condition (Clear/Cloudy)
☐ 3. Fog
☐ 4. Mist
☐ 5. Rain
☐ 6. Snow
☐ 7. Sleet/Hail
☐ 8. Smoke/Dust
☐ 9. Other
☐ 10. Blowing Sand, Silt, Dirt, or Snow
☐ 11. Severe Crosswinds

Light Conditions C3

- ☐ 1. Dawn
☐ 2. Daylight
☐ 3. Dusk
☐ 4. Darkness—Road Lighted
☐ 5. Darkness—Road Not Lighted
☐ 6. Darkness—Unknown Road Lighting
☐ 7. Unknown

Traffic Control Device C4

- ☐ 1. Yes—Working
☐ 2. Yes—Working and Obscured
☐ 3. Yes—Not Working
☐ 4. Yes—Not Working and Obscured
☐ 5. Yes—Missing
☐ 6. No Traffic Control Device Present

Traffic Control Type C5

- ☐ 1. No Traffic Control
☐ 2. Officer or Flagger
☐ 3. Traffic Signal
☐ 4. Stop Sign
☐ 5. Slow or Warning Sign
☐ 6. Traffic Lanes Marked
☐ 7. No Passing Lines
☐ 8. Yield Sign
☐ 9. One Way Road or Street
☐ 10. Railroad Crossing With Markings and Signs
☐ 11. Railroad Crossing With Signals
☐ 12. Railroad Crossing With Gate and Signals
☐ 13. Other
☐ 14. Pedestrian Crosswalk
☐ 15. Reduced Speed—School Zone
☐ 16. Reduced Speed—Work Zone
☐ 17. Highway Safety Corridor

Roadway Alignment C6

- ☐ 1. Straight—Level
☐ 2. Curve—Level
☐ 3. Grade—Straight
☐ 4. Grade—Curve
☐ 5. Hillcrest—Straight
☐ 6. Hillcrest—Curve
☐ 7. Dip—Straight
☐ 8. Dip—Curve
☐ 9. Other
☐ 10. On/Off Ramp

Roadway Surface Condition C7

- ☐ 1. Dry
☐ 2. Wet
☐ 3. Snowy
☐ 4. Icy
☐ 5. Muddy
☐ 6. Oil/Other Fluids
☐ 7. Other
☐ 8. Natural Debris
☐ 9. Water (Standing, Moving)
☐ 10. Slush
☐ 11. Sand, Dirt, Gravel

Roadway Surface Type C8

- ☐ 1. Concrete
☐ 2. Blacktop, Asphalt, Bituminous
☐ 3. Brick or Block
☐ 4. Slag, Gravel, Stone
☐ 5. Dirt
☐ 6. Other

Roadway Description C9

- ☐ 1. Two-Way, Not Divided
☐ 2. Two-Way, Divided, Unprotected Median
☐ 3. Two-Way, Divided, Positive Median Barrier
☐ 4. One-Way, Not Divided
☐ 5. Unknown

Roadway Defects C10

- ☐ 1. No Defects
☐ 2. Holes, Ruts, Bumps
☐ 3. Soft or Low Shoulder
☐ 4. Under Repair
☐ 5. Loose Material
☐ 6. Restricted Width
☐ 7. Slick Pavement
☐ 8. Roadway Obstructed
☐ 9. Other
☐ 10. Edge Pavement Drop Off

Relation to Roadway C11**Interchange Area:**

- ☐ 1. Main-Line Roadway
☐ 2. Acceleration/Deceleration Lanes
☐ 3. Gore Area (Between Ramp and Highway Edgelines)
☐ 4. Collector/Distributor Road
☐ 5. On Entrance/Exit Ramp
☐ 6. Intersection at end of Ramp
☐ 7. Other location not listed above within an Interchange area (median, shoulder and roadside)

Intersection Area:

- ☐ 8. Non-Intersection
☐ 9. Within Intersection
☐ 10. Intersection-Related - Within 150'
☐ 11. Intersection-Related - Outside 150'

Other Location:

- ☐ 12. Crossover Related
☐ 13. Driveway, Alley Access - Related
☐ 14. Railway Grade Crossing
☐ 15. Other Crossing (Crossings for Bikes, School, etc.)

Intersection Type C12

- ☐ 1. Not at Intersection
☐ 2. Two Approaches
☐ 3. Three Approaches
☐ 4. Four Approaches
☐ 5. Five-Point, or more
☐ 6. Roundabout

Work Zone C13

- ☐ 1. Yes
☐ 2. No

Work Zone Workers Present C14

- ☐ 1. With Law Enforcement
☐ 2. With No Law Enforcement
☐ 3. No Workers Present

Work Zone Location C15

- ☐ 1. Advance Warning Area
☐ 2. Transition Area
☐ 3. Activity Area
☐ 4. Termination Area

Work Zone Type C16

- ☐ 1. Lane Closure
☐ 2. Lane Shift/Crossover
☐ 3. Work on Shoulder or Median
☐ 4. Intermittent or Moving Work
☐ 5. Other

School Zone C17

- ☐ 1. Yes
☐ 2. Yes - With School Activity
☐ 3. No

Type of Collision C18

- ☐ 1. Rear End
☐ 2. Angle
☐ 3. Head On
☐ 4. Sideswipe—Same Direction
☐ 5. Sideswipe—Opposite Direction
☐ 6. Fixed Object in Road
☐ 7. Train
☐ 8. Non-Collision
☐ 9. Fixed Object—Off Road
☐ 10. Deer
☐ 11. Other Animal
☐ 12. Pedestrian
☐ 15. Backed Into
☐ 16. Other

| | | | | | | | | | |
|--------------|--|-----------------------------|--|-----------------|--|---------|--|-------------------|--|
| CRASH | | MILITARY Time (24 hr clock) | | County of Crash | | City of | | Local Case Number | |
| Crash Date | | | | | | Town of | | | |

VEHICLE #

Fill In Impact Area(s).
Initial Impact.

Veh Dir of Travel—N/S/E/W

CRASH DIAGRAM

VEHICLE #

Fill In Impact Area(s).
Initial Impact.

Veh Dir of Travel—N/S/E/W

VEHICLE #

Fill In Impact Area(s).
Initial Impact.

Veh Dir of Travel—N/S/E/W

VEHICLE #

Fill In Impact Area(s).
Initial Impact.

Veh Dir of Travel—N/S/E/W

Indicate North by Arrow

DAMAGE TO PROPERTY OTHER THAN VEHICLES

| | | | | |
|---------------------|-----------------------------------|--|-----------------------------|---|
| Approx. Repair Cost | Object Struck (Tree, Fence, etc.) | Property Owners Name (Last, First, Middle) | Address (Street and Number) | VDOT Property <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------|-----------------------------------|--|-----------------------------|---|

CRASH DESCRIPTION**CRASH EVENTS**

| Vehicle # | First Event | Second Event | Third Event | Fourth Event | Most Harmful Event |
|-----------|-------------|--------------|-------------|--------------|--------------------|
| | | | | | |
| | | | | | |

First Harmful Event of Entire Crash that Results in First Injury or Damage.

COLLISION WITH FIXED OBJECT

- | | |
|---|---------------------------|
| 1. Bank Or Lodge | 10. Other |
| 2. Trees | 11. Jersey Wall |
| 3. Utility Pole | 12. Building/Structure |
| 4. Fence Or Post | 13. Curb |
| 5. Guard Rail | 14. Ditch |
| 6. Parked Vehicle | 15. Other Fixed Object |
| 7. Tunnel, Bridge, Underpass, Culvert, etc. | 16. Other Traffic Barrier |
| 8. Sign, Traffic Signal | 17. Traffic Sign Support |
| 9. Impact Cushioning Device | 18. Mailbox |

COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT

- | | |
|--------------------------------|----------------------------|
| 19. Pedestrian | 24. Work Zone |
| 20. Motor Vehicle In Transport | Maintenance Equipment |
| 21. Train | 25. Other Movable Object |
| 22. Bicycle | 26. Unknown Movable Object |
| 23. Animal | 27. Other |

NON-COLLISION

- | | |
|-------------------------|-----------------------------------|
| 28. Ran Off Road | 35. Cross Median |
| 29. Jack Knife | 36. Cross Centerline |
| 30. Overturn (Rollover) | 37. Equipment Failure (Tire, etc) |
| 31. Downhill Runaway | 38. Immersion |
| 32. Cargo Loss or Shift | 39. Fell/Jumped From Vehicle |
| 33. Explosion or Fire | 40. Thrown or Falling Object |
| 34. Separation of Units | 41. Non-Collision Unknown |
| | 42. Other Non-Collision |

FIRM _____

DATE CALLED: _____ TIME CALLED: _____

REQUEST OWNER/OPERATOR: _____

NEAREST: YES _____ NO _____

WITNESS NAME: _____

ADDRESS: _____

LOCATION: _____

STATEMENT: _____

ConfidentialMARTINEZ CELL II
(CELL)

WITNESS NAME: _____

ADDRESS: _____

LOCATION: _____

STATEMENT: _____

STATEMENT OF OPERATOR NUMBER _____

STATEMENT OF OPERATOR NUMBER _____

Karen Singaman

Confidential

Coming South 81 -
Approaching Reststop,
Saw blue truck in highway
disabled.
Truck comes by me
in left lane
Doesn't see truck ~~as it~~
+ skids into

Noticed ~~the~~ truck
inside Reststop coming out
wrong way!
Stopped to check on
blue truck when noticed
man in Right side of

2.

road. Got over to him
with shovels. He was standing
& screaming. Said he
got thrown from truck.

Debara Jay, Brown

Confidential

Heard crash

observed blue truck
tumble to the right side
of highway. The tractor
trailer proceeded
to flip cab around
& fall over. B1

My daughter ran to truck
to check on driver.

No one there. She said she
heard a man yell across
the highway, she proceeded
w/ the guys to help.

Beginning

As ~~we~~ was driving into the
Rest stop a tractor trailer
was come out the wrong
way.

Debara Brown

Witness:

Christine Zampini -


Confidential

Our car was pulling into the rest stop when we observed sparks and a pop ~~from the left lane~~ ^{from the left lane}. At that time I had assumed it to be a blown tire. Approx 3 sec after the sparks and Pop I observed the blue pick-up truck land in front of us. I left our car checked the truck which had no passengers. I heard screaming across the road. I observed a man, later identified as Brandon Lester, yelling "hey". When I was able to cross the road Mr Lester stated he was thrown from his car. He was confused but able to take direction.

→

2.
he reported his name,
DOB, girlfriend, & dogs to
myself.

I instructed him to lay down
and held his neck for
support. Mr. Lester refused to
state where he was going
but several times asked to
have someone call his girlfriend.
Additionally, he reported prior injury
to his lower back.


Christine
Zampini

Monday
10-26-15

As I was about to exit to the VA Rest Area, I slowed from the exit ramp to a complete stop ^{on the left hand shoulder} as I was about to enter the entrance of the Rest Area itself.

I had big rig type headlights facing me in my rental vehicle.

VA Plates - VHC4257.

As there was no pathway to immediately enter the Rest Stop, and no other exiting traffic behind me, I waited to the left shoulder of the exit, and observed a Truck & Trailer that was parked on the right shoulder (not far enough in to be in Big Rig Parking).

There was a truck driver behind that Big Rig (on his cell phone) behind the truck & trailer. My passenger side window was down then, and as the headlights facing me backed up, I realized that they were from SMC Transport's Big Rig Towing. The tow driver was already hooked up and nearly ready to back up the disabled rig - cab only into the Truckers' Parking area. Then, he started backing the tow up. When opportunity & space was available, I went left through the truckers' parking, as the vehicle entrance was blocked by him.

3.

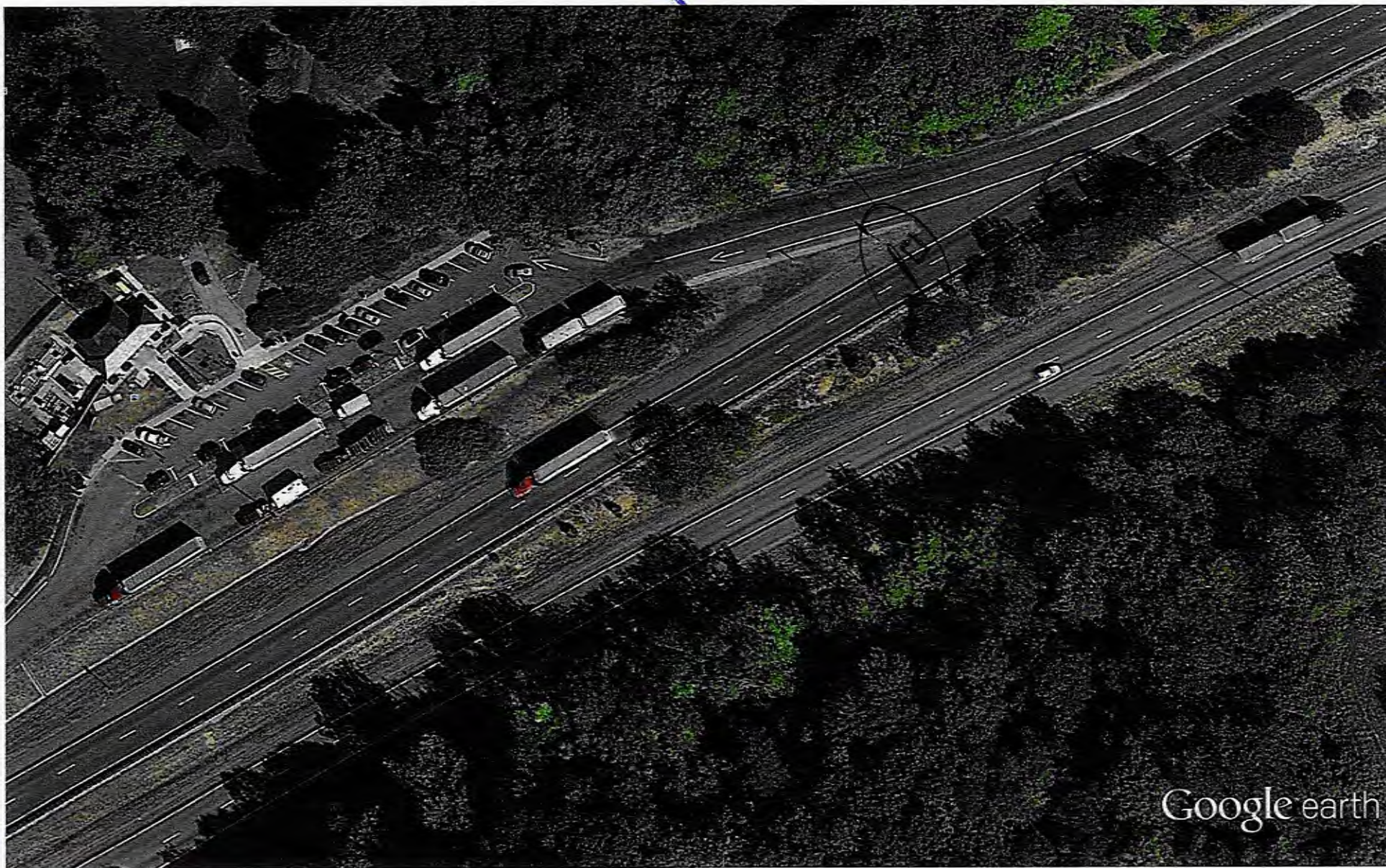
and the disabled rig. When I got to the end of the truckers' parking, I waited for exiting vehicle traffic (one car) and I doubled back into the VA Rest Stop vehicle parking. I was only back as far as the North side of the Rest Stop building as the VA Rest Stop attendant and I heard the impact of what sounded like one-two vehicles and a big rig. It sounded like a rig hitting a sand barrel barrier, and I knew someone else must have gotten clipped by a trucker that didn't have room to exit the off ramp.

Christie Burdette Mortensen

Headed to WSS, WV

B

2



2

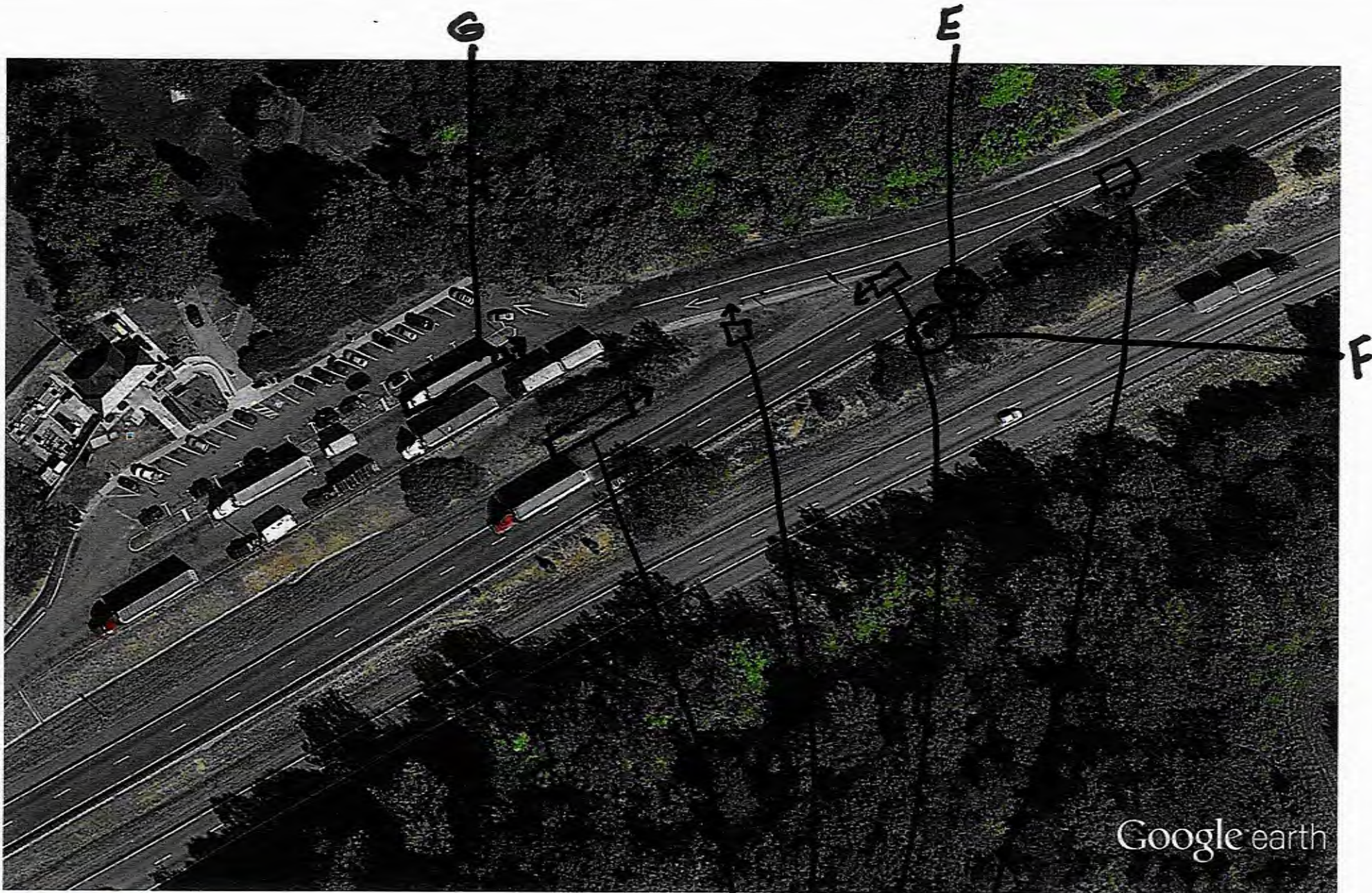
S

Google earth

feet
meters



EXHIBIT
Lester
4/11/16
mjb



Google earth

feet
meters

100

500

A

B

C

D

EXHIBIT

TPR ATKINS #2

4/11/14
mjb

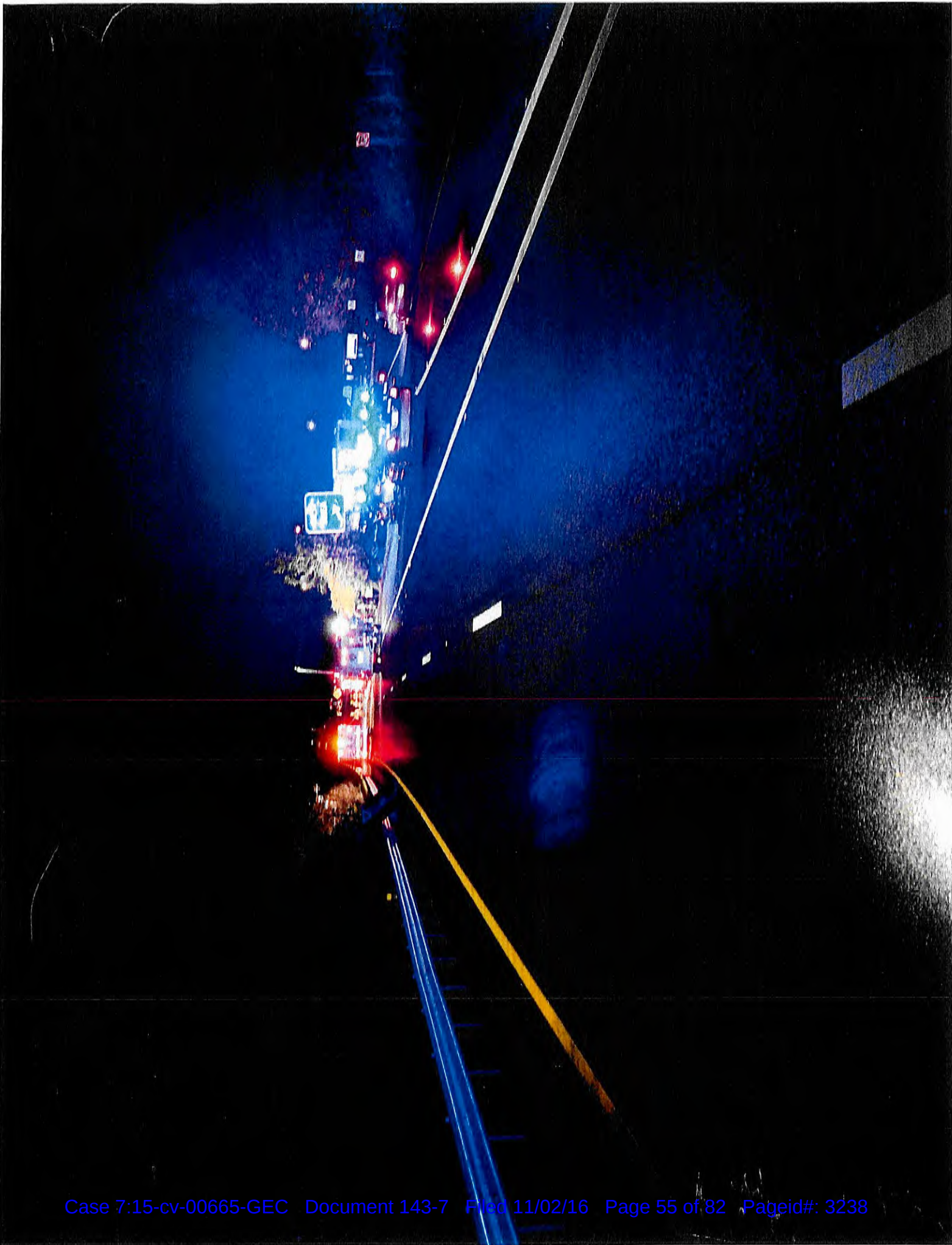


EXHIBIT
TRR ATKINS #3
4/11/16
mgs

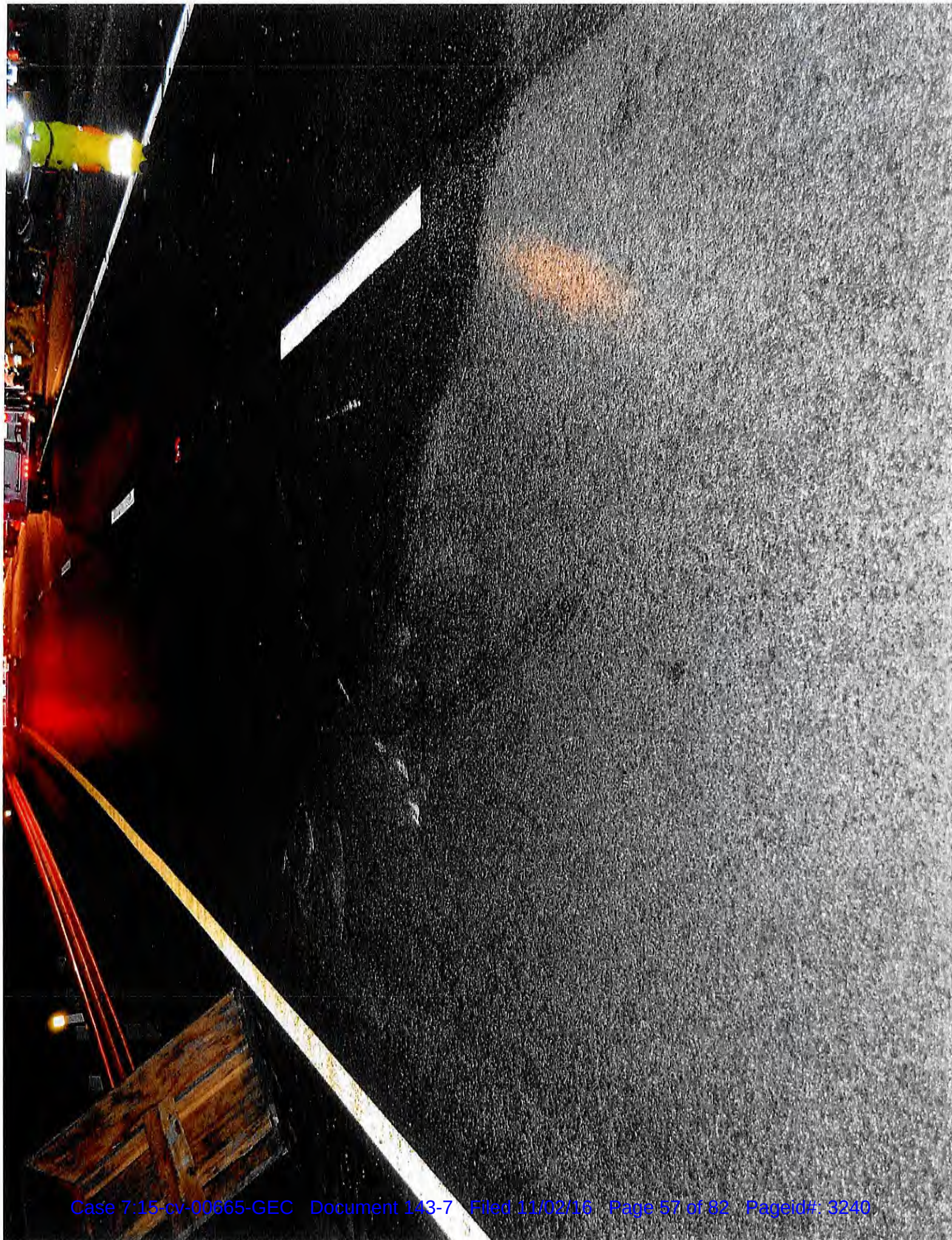


EXHIBIT
TPR AFFIDAVIT 3A

4/11/16
mjb

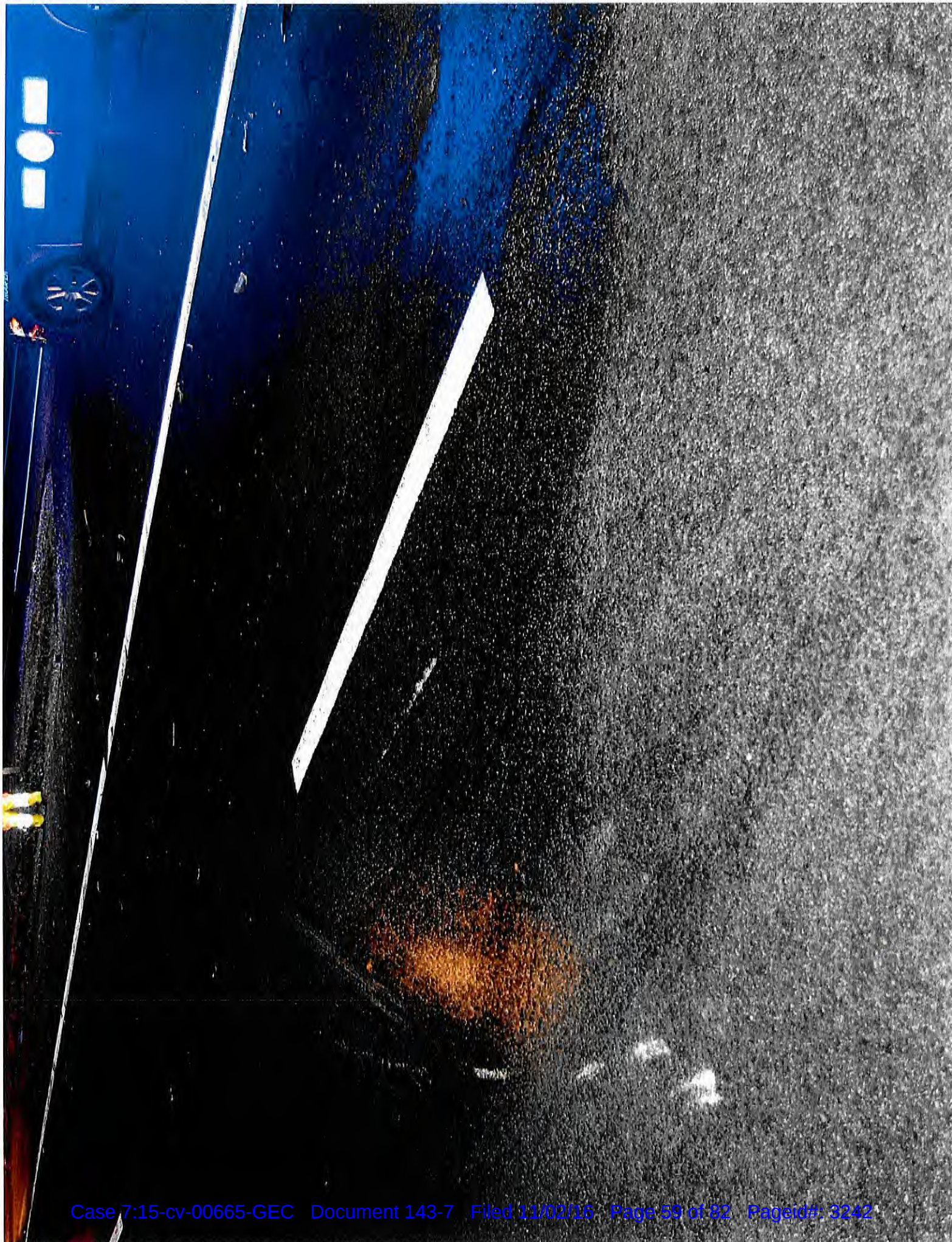


EXHIBIT
TFR ATKINS 3B
4/14/16
mjs

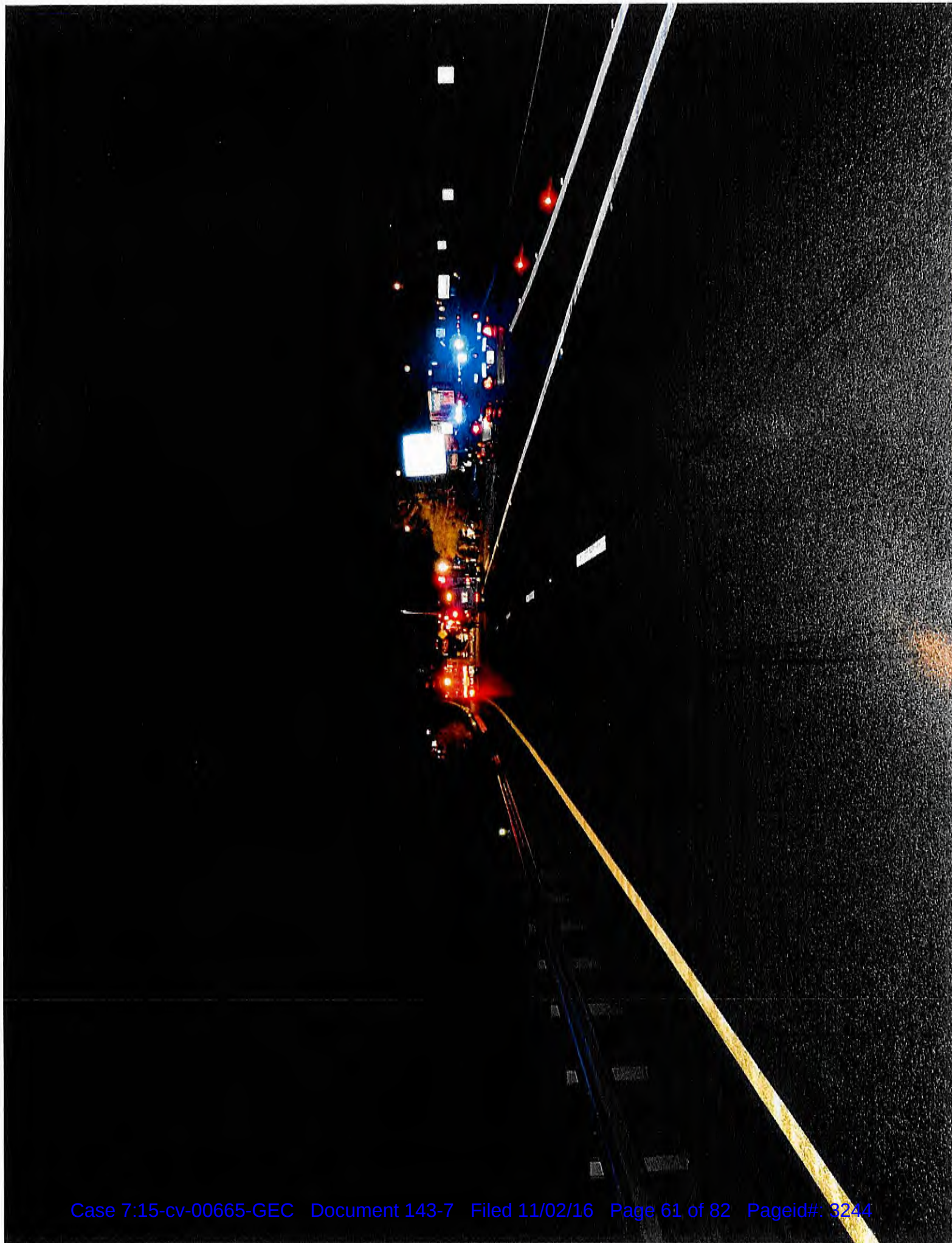


EXHIBIT
~~TPR ATKINS 3C~~
4/11/16
mgs

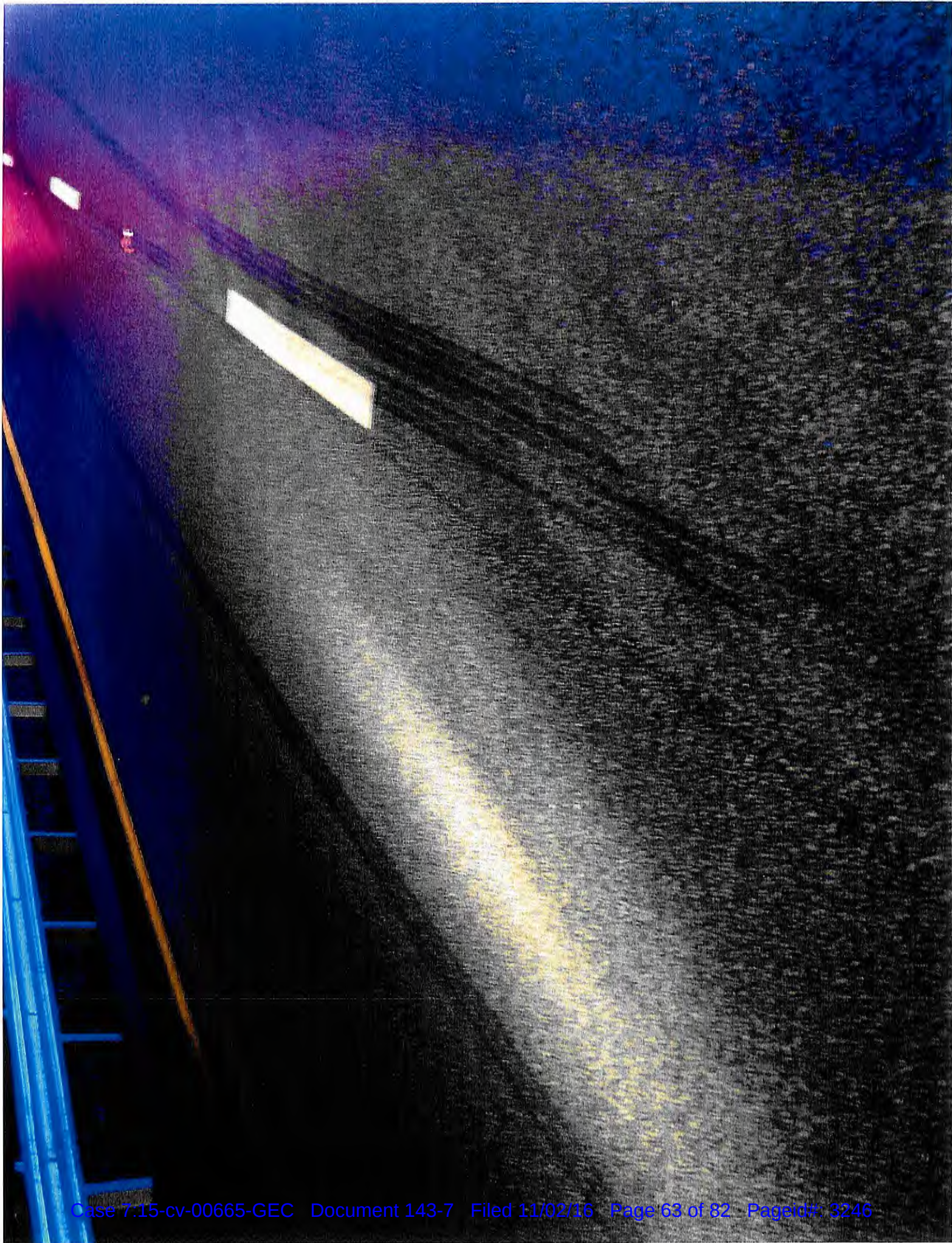


EXHIBIT
TPR ATTNS 30
4/11/16
mjb



EXHIBIT
TPR ATKINS 3E
MJB 4/11/16

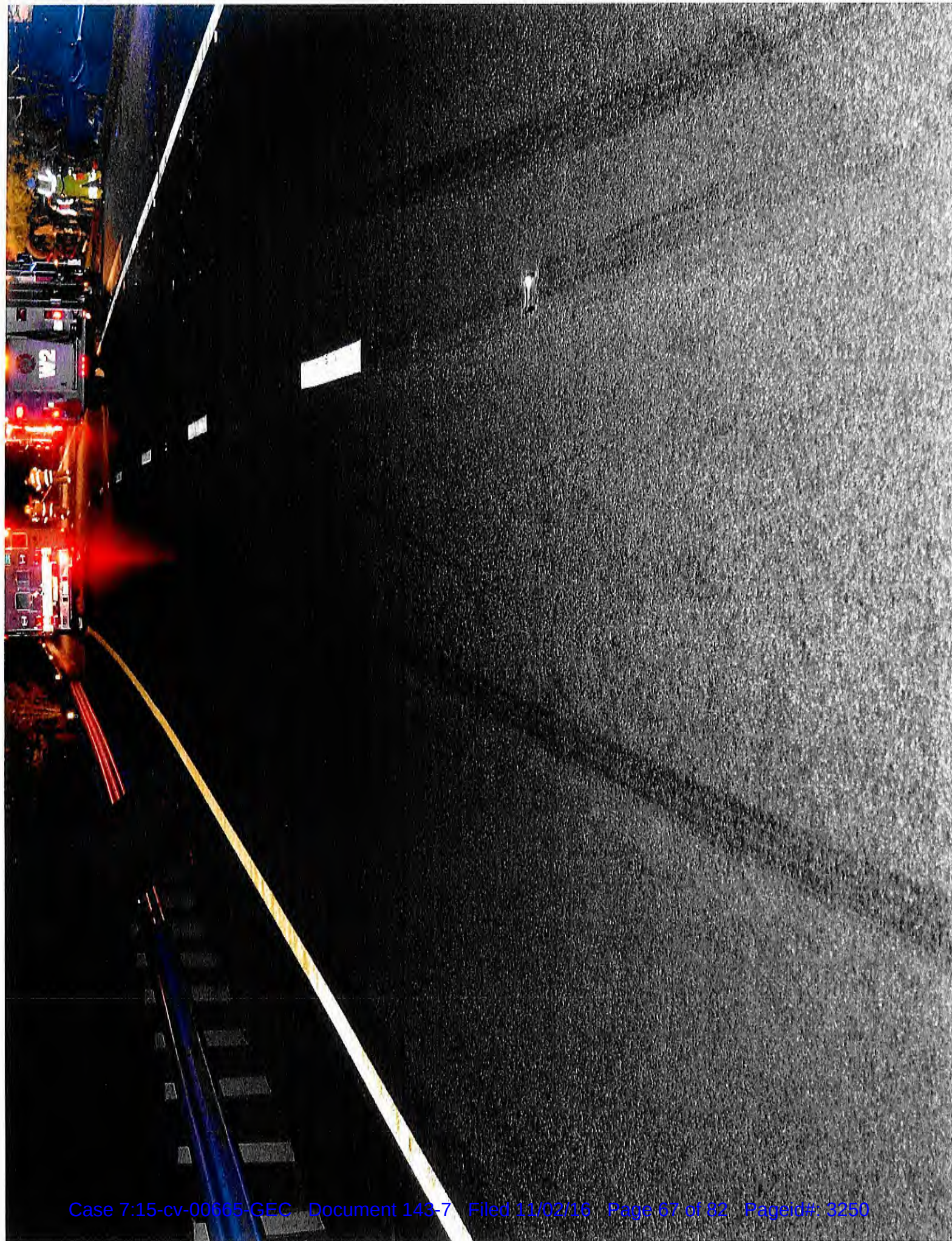


EXHIBIT
TRITONS 3f
4/11/16
myb



EXHIBIT
PRELIMS 36
4/11/16
mjb



EXHIBIT
#3#
4/11/16
mjb



EXHIBIT
FOR ATKINS 31
4/11/16
mjb

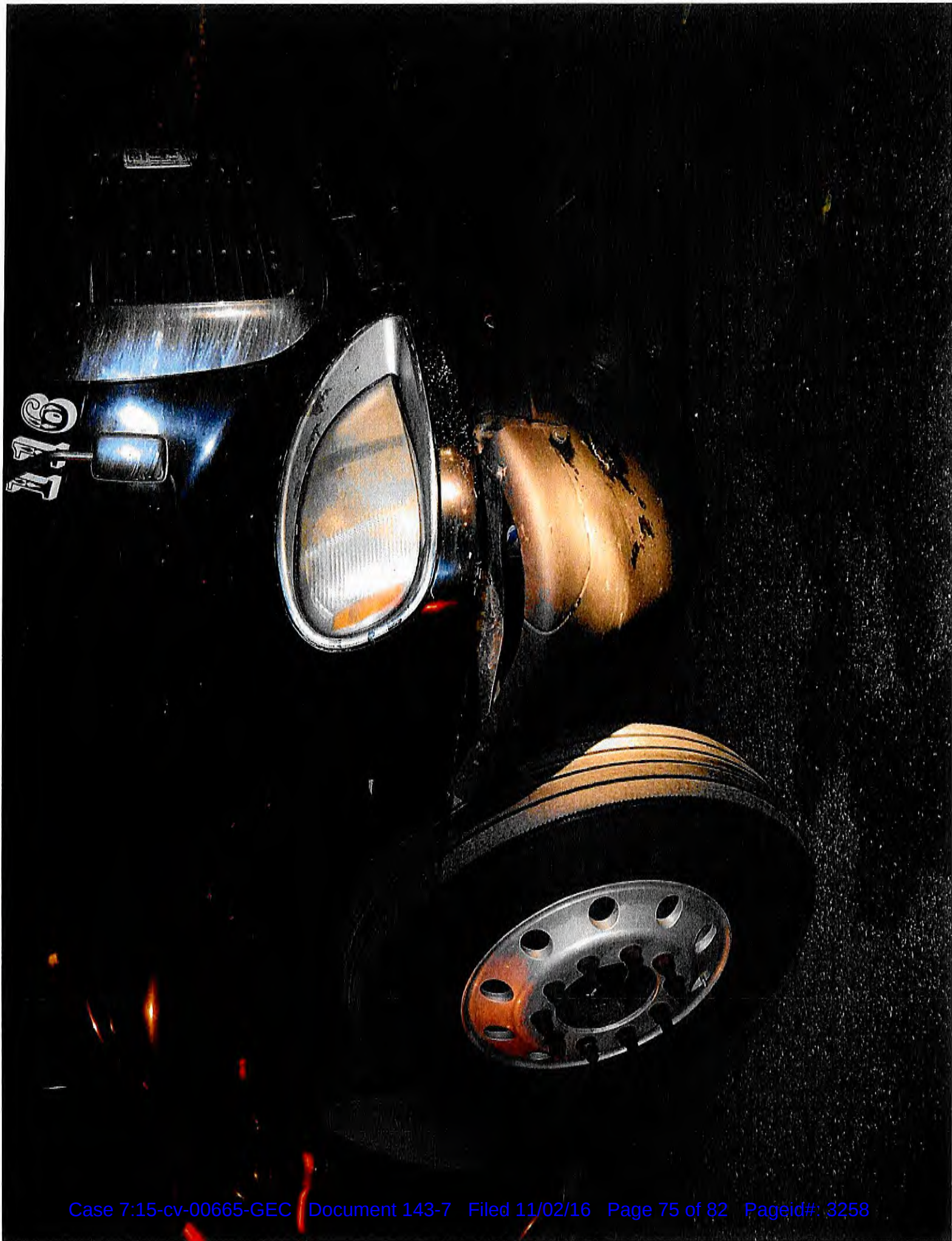


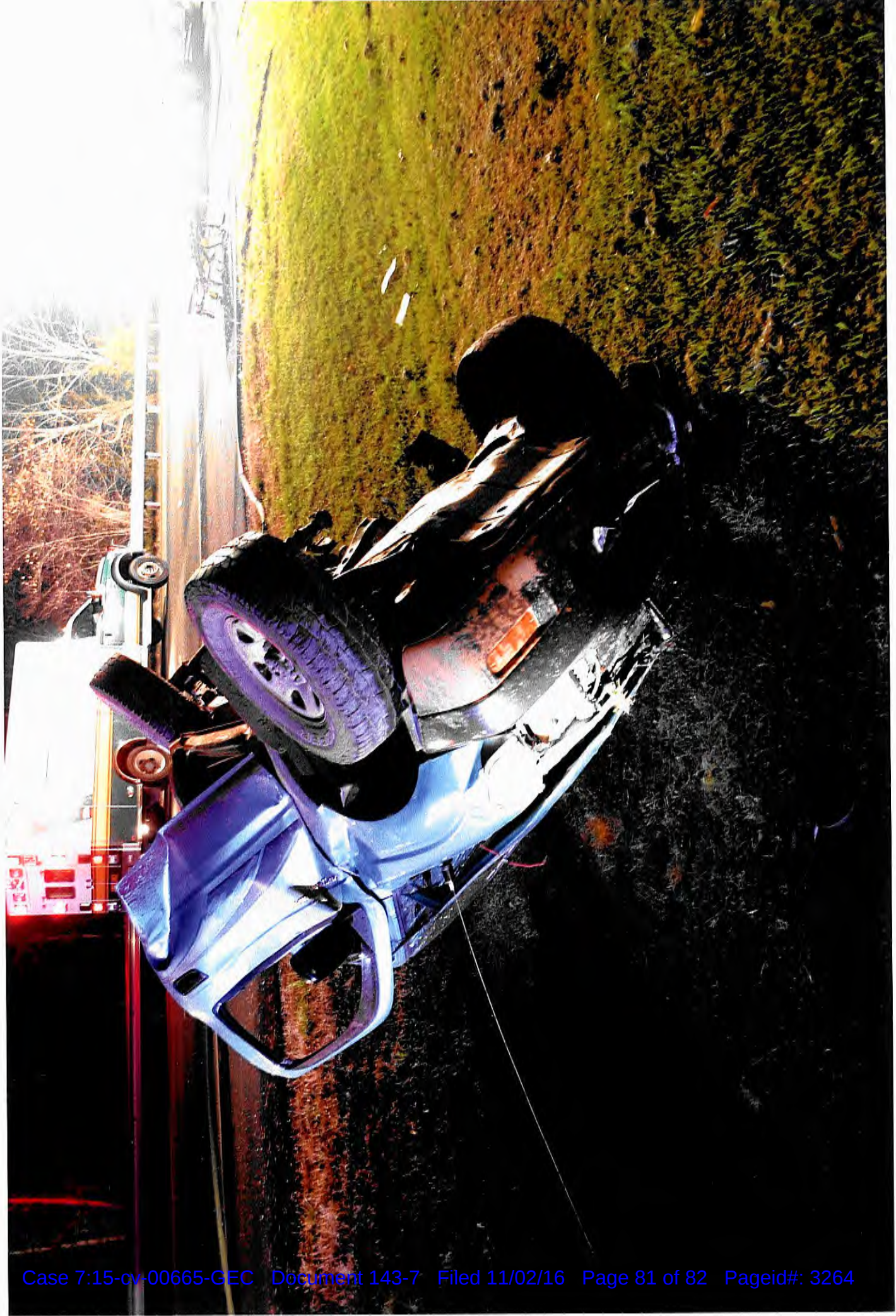
EXHIBIT
TPR ATKINS 35
4/11/16
mjb



EXHIBIT
TRP ATKINS 3K
4/11/16
mjb



TPR Atkins
EXHIBIT
4
4/11/16
mgs



THE ATKINS
XHBID
4/11/16
mgs